

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	10	Day	25	Age	78
Sex	Male	Color or Race	White	Birth-place	Md.	Months	5
Occupation	Ret Farmer	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Ellen Landis				
Father's Name	John Adams	Father's Birthplace	Md				
Mother's Maiden Name	Catherine Bantz	Mother's Birthplace	Md				
Name of person giving information	Cora Bell Henson	How related to deceased	Daughter				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis &amp; Cystitis</i>	How long	20 years
Immediate	<i>Exhaustion</i>	How long	4 years
Are the name, age, sex, color, date and place correctly given above?	<i>y/s</i>	Signature of Physician	<i>W. H. K. K. K.</i>
		Address	<i>Wagerstown Md</i>
Accident or Suicide?			

Watkins  
Beaver Creek  
Oct, 29/07

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret A Bayzel* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *1907* Month *10* Day *20* Age *66* Years Months *3* Days *10*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House work* Where Residing if not at place of death *Hagerstown Ind*

Married ~~Yes~~ *No* Name of Wife or Husband *Moses Bayzel*

Father's Name *Joseph Lenzell* Father's Birthplace *va*

Mother's Maiden Name *Elyabell Geyer* Mother's Birthplace *W va*

Name of person giving information *Moses Bayzel* How related to deceased *Husband*

## CAUSES OF DEATH

140

PHYSICIAN  
OR CORONERPrimary *Carcinoma of Stomach*How long *1 year -*Immediate *Exhaustion*How long *" "*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*John Duillen Jr.*

Address

*Hagerstown Ind*

Accident or Suicide?

*no*

Let your air

Keddyville

Name  
in  
Full

Ellen Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Hagerstown*

Town

*Washington*

County

MARYLAND

Date  
of death *1907*Month  
*10*Day  
*11*

Age

Years  
*16*Months  
*2*Days  
*—*Sex *Female*Color or  
Race*Colored*Birth-  
place*Md.*

Occupation

*House work*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Theodore Brown*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Rebecca Phoenix*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Theodore Brown*How related  
to deceased*Father*

## CAUSES OF DEATH

(27)

Primary

*Phthisis Pulmonalis*

How long

*8 mos*

Immediate

*Pulmonary Hemorrhage*

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W.B. Monson*

Address

*Hagerstown Md.*

Accident or Suicide?

*No.*

Effence

Rose Hill

10/12/07

Name in Full		CERTIFICATE OF DEATH					
James Bryan		Town		County		MARYLAND	
Died at		Hagerstown		Washington			
Date of death		1907	Month 10	Day 27	Age 53	Years 5	Months 5
Sex Male		Color or Race white		Birthplace Md			
Occupation Stone Cutter		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Emma Bryan					
Father's Name James Bryan		Father's Birthplace Md					
Mother's Maiden Name Caroline Myers		Mother's Birthplace Md					
Name of person giving information Emma Bryan		How related to deceased wife					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">27</div>							
Primary		Tuberculosis		How long		Several years	
Immediate		debility		How long		Several years	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address	
Accident or Suicide?				Dr. B. B. B. B. B.		Hagerstown Md	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Watkins

Dec. 28



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>20</i>
Age		<i>80</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa.</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mr J. Case</i>		
Father's Name	<i>Geo Moore</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Eizabeth Moore</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Robt. Case</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infirmitas</i>	<i>154</i>	How long	<i>Some time</i>
Immediate	<i>Emphysema</i>		How long	<i>Some time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes -</i>		<i>Chas. B. Pyle</i>		
		Address		
		<i>Hagerstown, Md</i>		
Accident or Suicide?				



Name  
in  
Full

Charles Andrew Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hancock</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>3</i>	Age <i>1</i>	Years <i>1</i>	Months <i>19</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hancock Md.</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Died at Home</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Addison B. Collins</i>	Father's Birthplace <i>West Va.</i>						
Mother's Maiden Name <i>Mary Baldwin</i>	Mother's Birthplace <i>Tennessee</i>						
Name of person giving information <i>Addison B Collins</i>	How related to deceased <i>Father</i>						

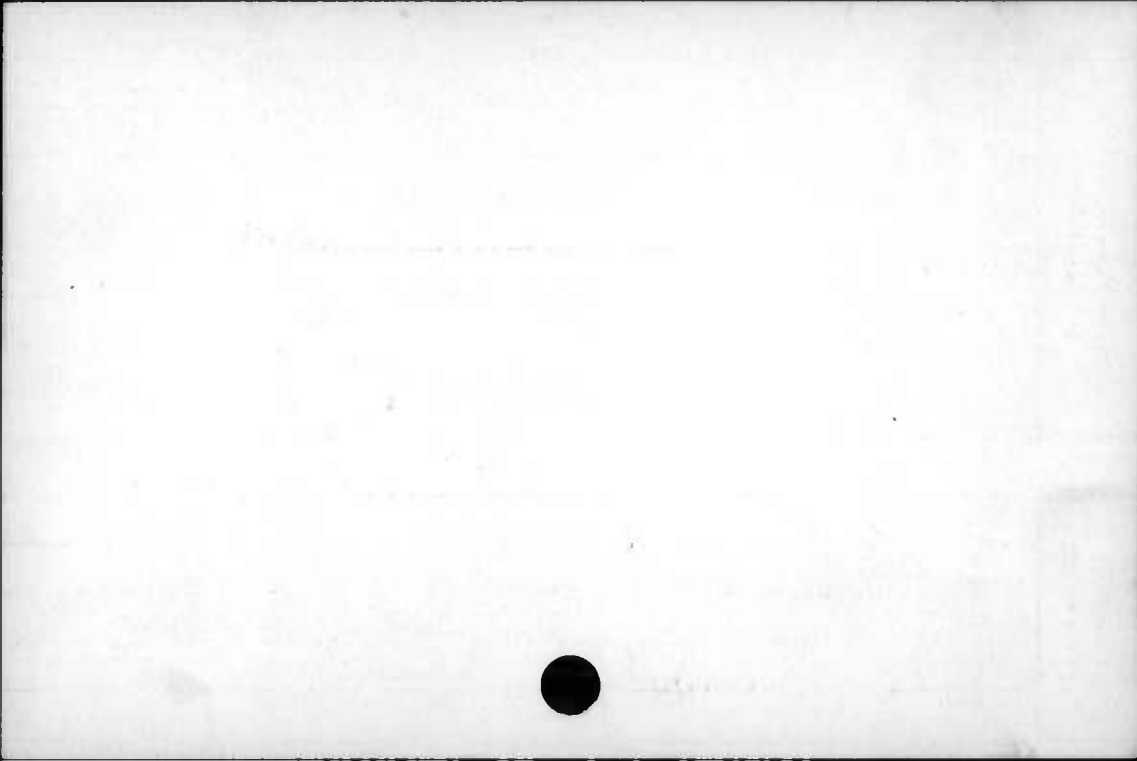
Dr. *Stegens*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Charles A Infant</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Stegens</i>
	Address <i>Hancock, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Naomi Cornary

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> WashDate of death 1909 <sup>Month</sup> 10 <sup>Day</sup> 11 <sup>Years</sup> Age 37 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Pa.Occupation Servant <sup>Where Residing if not at place of death</sup>Married, Single or Widowed widow <sup>Name of Husband</sup> Samuel CornaryFather's Name John Diven <sup>Father's Birthplace</sup> Pa.Mother's Maiden Name Not Known <sup>Mother's Birthplace</sup> Not KnownName of person giving information Laura Robinson <sup>How related to deceased</sup> none

## CAUSES OF DEATH

26

Primary <sup>How long</sup> Laryngeal Tuberculosis Don't knowImmediate <sup>How long</sup> Laryngeal Hemorrhage Ten minutes

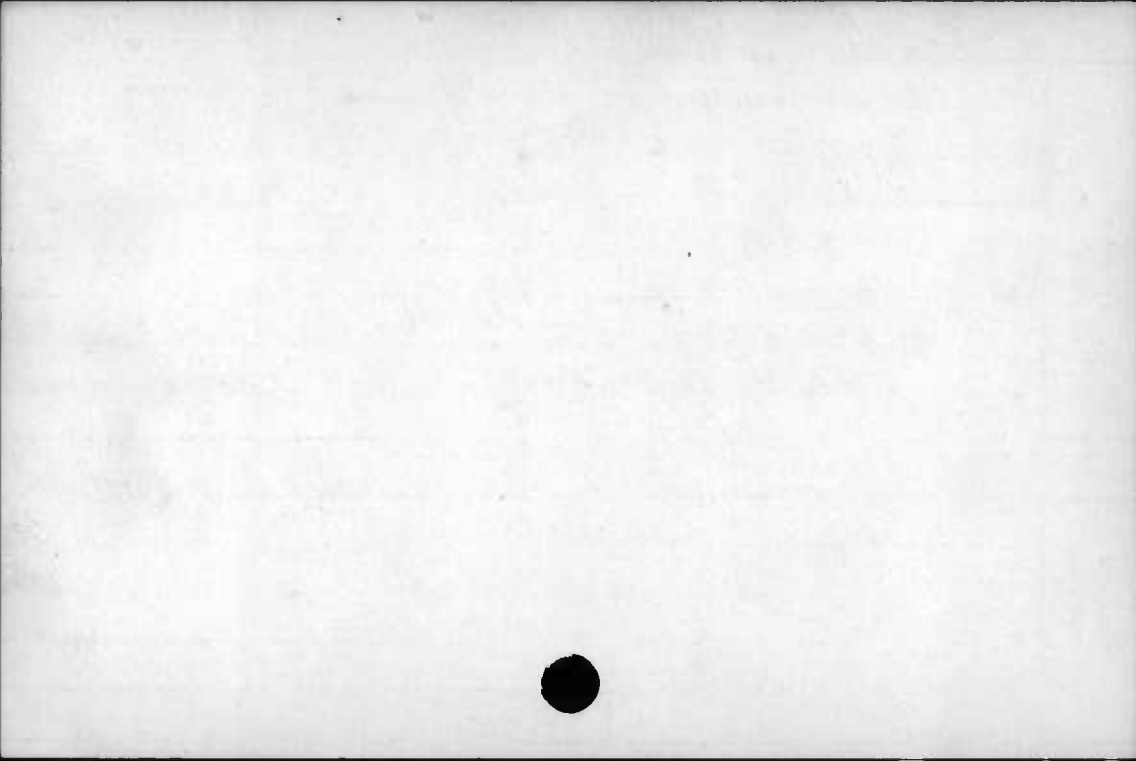
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Daniel L. Watkins

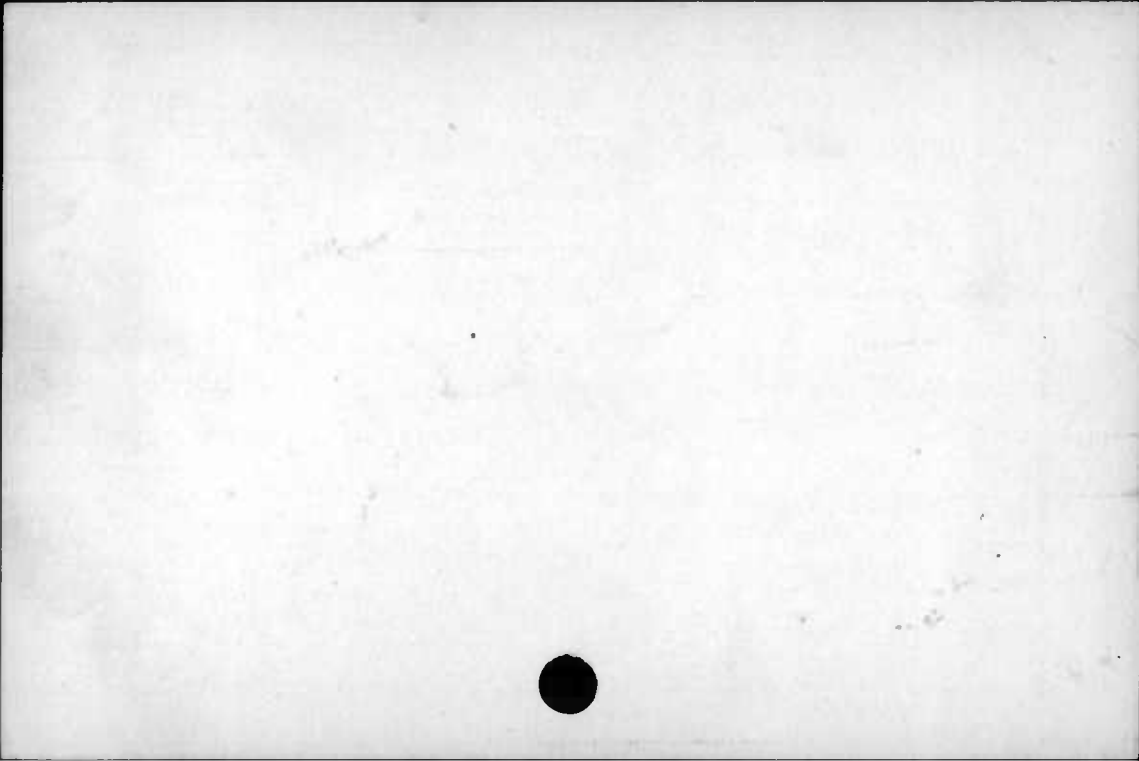
Address Hagerstown Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Edward C. Strill				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Williamsport	County Wash		MARYLAND						
		Date of death		1907	Month Sept	Day 6	Age X	Years	Months X	Days X			
		Sex		Male		Color or Race		White		Birth-place Williamsport			
		Occupation				Where Residing if not at place of death							
		Married, Single or Widowed		X		Name of Wife or Husband							
		Father's Name		Clarence J. Strill				Father's Birthplace		Williamsport			
		Mother's Maiden Name		Myrtle Leona Kelly				Mother's Birthplace		Not known			
Name of person giving information		Mother				How related to deceased							
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(S) 11</div>													
PHYSICIAN OR CORONER		Primary		Stillborn				How long		—			
		Immediate		—				How long		—			
		Are the name, age, sex, color, date and place correctly given above?				—				Signature of Physician		W. S. Richardson	
						Address				Williamsport Md.			
		Accident or Suicide?											





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Not named</i>		Town <i>Smith</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1906</i>	<i>10</i>	<i>31</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
Sex	Color or Race		Birth-place				
<i>male</i>	<i>white</i>		<i>Hagerstown</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
<i>Robert. Leetch</i>			<i>not known</i>				
Mother's Maiden Name			Mother's Birthplace				
<i>Viola Hummelserie</i>			<i>md</i>				
Name of person giving information			How related to deceased				
<i>Mother</i>			<i>—</i>				

## CAUSES OF DEATH

**51**PHYSICIAN  
OR CORONER

Primary	How long
<i>Premature</i>	
Immediate	How long
<i>1 1/2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>W. R. Scheeler</i>
	Address
<i>No.</i>	<i>Hagerstown</i>
Accident or Suicide?	

Carfozo



1

2

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

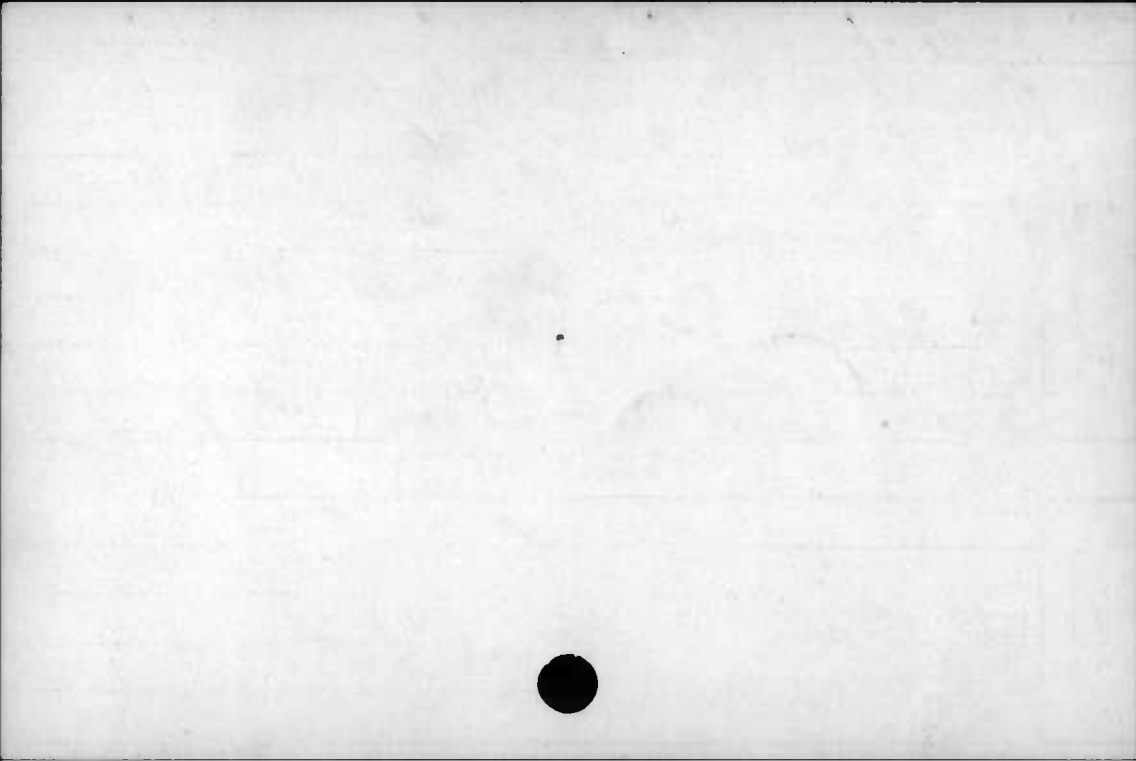
Name in Full <b>Mrs. Sarah A. Davis</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		State <b>MARYLAND</b>	
Died at		Month <b>Oct.</b>		Day <b>16</b>		Age <b>69</b>	
Date of death <b>1907</b>		Months <b>7</b>		Years <b>7</b>		Days <b>7</b>	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Ind.</b>			
Occupation <b>N. W.</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>widow</b>		Name of Husband <b>John R. Davis</b>					
Father's Name <b>Daniel Wantz</b>		Father's Birthplace <b>Ind.</b>					
Mother's Maiden Name <b>Eliza Keller</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Mrs. Annie Mondell</b>		How related to deceased <b>daughter</b>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary Cause <b>General Arterio Sclerosis</b>		How long <b>Indefinite</b>	
Immediate Cause <b>Cerebral Apoplexy</b>		How long <b>Several</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. H. Dugan, M.D.</b>	
Address <b>Hagerstown, Ind.</b>			
Accident or Suicide? <b>No</b>			



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

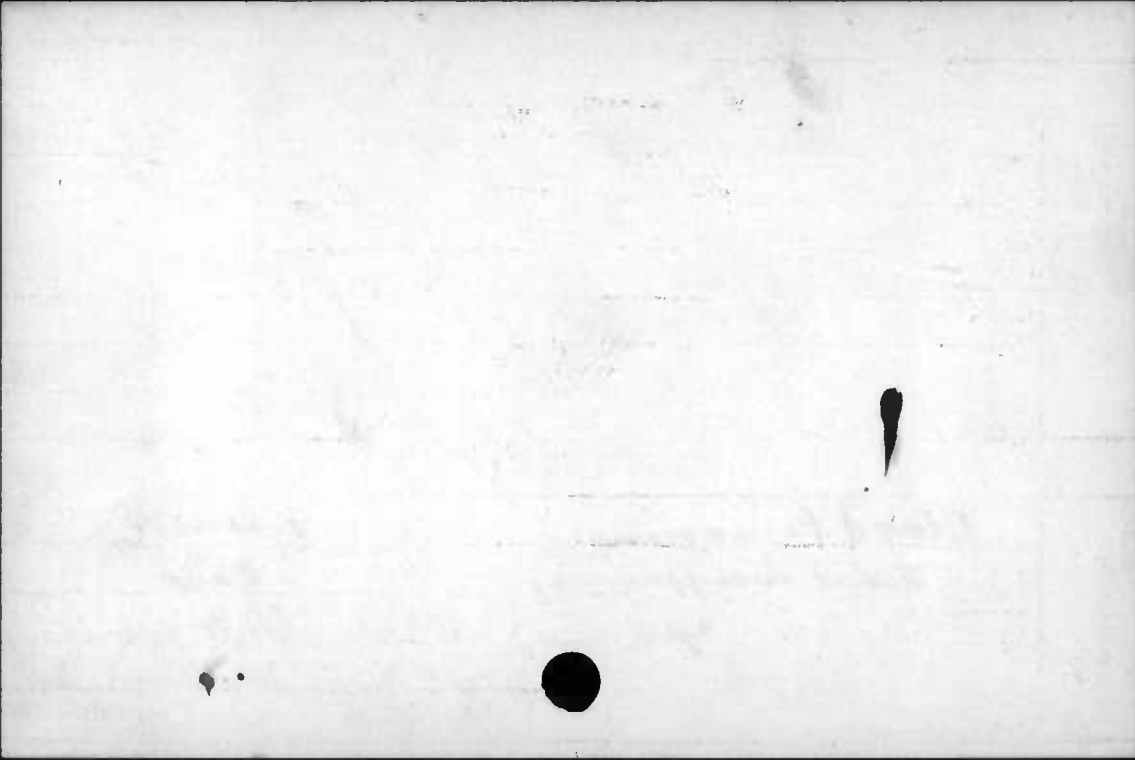
Name in Full <i>Jacob Dellinger</i>		Town <i>Haltersville</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>190</i>		Month <i>Oct</i>	Day <i>9</i>	Age <i>60</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo. d.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Laura D. Dellinger</i>				
Father's Name <i>Charles Dellinger</i>			Father's Birthplace <i>Mo. d.</i>				
Mother's Maiden Name <i>Susan Robb</i>			Mother's Birthplace				
Name of person giving information <i>Laura D. Dellinger</i>			How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Two hours</i>
Immediate <i>Prostration</i>	How long <i>Seconds</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Kiennerly</i>
	Address <i>Williamsport Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Melvin Dorsey* Town *Hagerstown* County *Washington*Died at *Hagerstown* Date of death 1907 Month *10* Day *3* Age *44* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Ind*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband *Annie Dorsey*Father's Name *James Dorsey* Father's Birthplace *Ind*Mother's Maiden Name *Rebecca Young* Mother's Birthplace *Ind*Name of person giving information *Margaret Taylor* How related to deceased *Cousin*

## CAUSES OF DEATH

20

Primary *Blood Poisoning* How long *1 week*Immediate *Heart insufficiency* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Allen B. Wilson*Address *302 N. Indiana St.  
Hagerstown Ind.*Accident or Suicide? *no*PHYSICIAN  
OR CORONER

Coffin

Nov-5



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Rachel Dorsey</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		State <b>MARYLAND</b>	
Died at		Month <b>Oct</b>		Day <b>1</b>		Age <b>54</b>	
Date of death <b>1907</b>		Sex <b>female</b>		Color or Race <b>colored</b>		Birth-place <b>Ind.</b>	
Occupation <b>Servant</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband					
Father's Name <b>Not Known</b>		Father's Birthplace <b>Not Known</b>					
Mother's Maiden Name <b>" "</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Coleman Rogers</b>		How related to deceased <b>none</b>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Fatty Liver &amp; Rheumatism</b>	How long <b>1 year or more</b>
Immediate <b>Cardiac Arrest</b>	How long <b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above? <b>—</b>	Signature of Physician <b>A. A. Meaton</b>
	Address <b>Hagerstown Md</b>
Accident or Suicide? <b>—</b>	

Inter  
Oct, 3

Name  
in  
Full

John F. Downey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownboro</i>			Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct.</i>	Day <i>22</i>	Age <i>25</i>	Years <i>5</i>	Months <i>1</i>	Days <i>1</i>	
Sex <i>male</i>			Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband					
Father's Name <i>Jeremiah F. Downey</i>					Father's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>Mary A. Frawley</i>					Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Margaret Frawley</i>					How related to deceased <i>Aunt</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>4 months</i>
Immediate	<i>Tuberculosis</i>	How long	<i>5 "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>E. J. Smith</i>	
Address		<i>Brownboro</i>	
Accident or Suicide?		<i>and</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Sharpsburg</i> <sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190 <sup>Month</sup> <i>7 Oct</i> <sup>Day</sup> <i>2</i>	Age <sup>Years</sup> <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Buckeystown Md Co</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Widowed</i>	Name of <sup>Wife</sup> <del>Widow</del> Husband <i>Samuel Drenner Dec'd</i>		
Father's Name <i>Elias Hines</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Catharine Shaffer</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Mrs. Wm Barrows</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>	How long <i>for years</i>
Immediate	<i>Edema</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Harrison</i>	
	Address <i>Sharpsburg Md</i>	
Accident or Suicide?		

Chas. S. Hoar  
Undertaker

Name  
in  
Full

Elmer Ely.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laurens</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Oct.</i> <sup>Month</sup>		<i>4</i> <sup>Day</sup>	Age <i>18</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>13</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co. Md.</i>			
Occupation <i>None.</i>	Where Residing if not at place of death <i>Died at home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William S. Ely</i>	Father's Birthplace <i>Fred. Co. Md.</i>				
Mother's Maiden Name <i>Ella Young</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Ella Young</i>	How related to deceased <i>Mother.</i>				

## CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*P. Howard Higgins,*  
*Laurens, Md.*

Accident or Suicide?





Name  
in  
Full

*Mrs Margaret Fahney*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wash</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>7</i>		Age <i>73</i>		Years <i>3</i> Months <i>—</i> Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Pa.</i>					
Occupation <i>H. W.</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Fahney</i>							
Father's Name <i>Samuel Faulders</i>		Father's Birthplace <i>Pa</i>							
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace							
Name of person giving information <i>Rose Fahney</i>		How related to deceased <i>daughter</i>							

CAUSES OF DEATH

**(79)**

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>		How long <i>6 months.</i>	
Immediate <i>Semib. h. - + Rheumatism</i>		How long <i>✓</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Miller Jr.</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>no</i>			

Fahney Blunch.

Name  
in  
Full

Ida May Fearnou

## CERTIFICATE OF DEATH

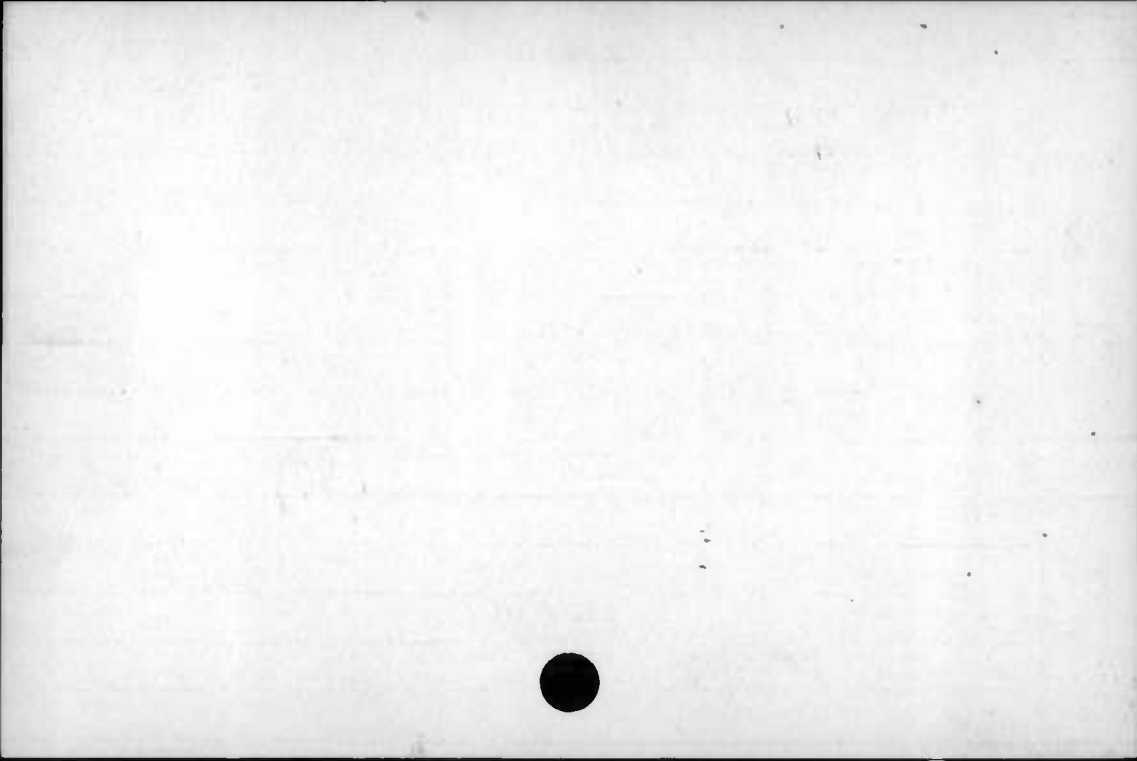
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Williamport</u> <sup>Town</sup>		<u>Wash.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>Oct.</u> <sup>Day</sup> <u>26</u> <sup>Years</sup> <u>28</u>		<u>28</u> <sup>Months</sup>		<u></u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Morgan Co. W. Va.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William O. Fearnou</u>				
Father's Name <u>William Miller</u>	Father's Birthplace <u>Morgan Co. W. Va.</u>				
Mother's Maiden Name <u>Belkane. Batt</u>	Mother's Birthplace <u>Berkley Co. W. Va.</u>				
Name of person giving information <u>Husband</u>		How related to deceased <u></u>			

## CAUSES OF DEATH

137

Primary <u>Puerperal Sepsis</u>	How long <u>10 days</u>
Immediate <u>Poenaemia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ernest H. Gauthier, M.D.</u>
	Address <u>Williamport Md.</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

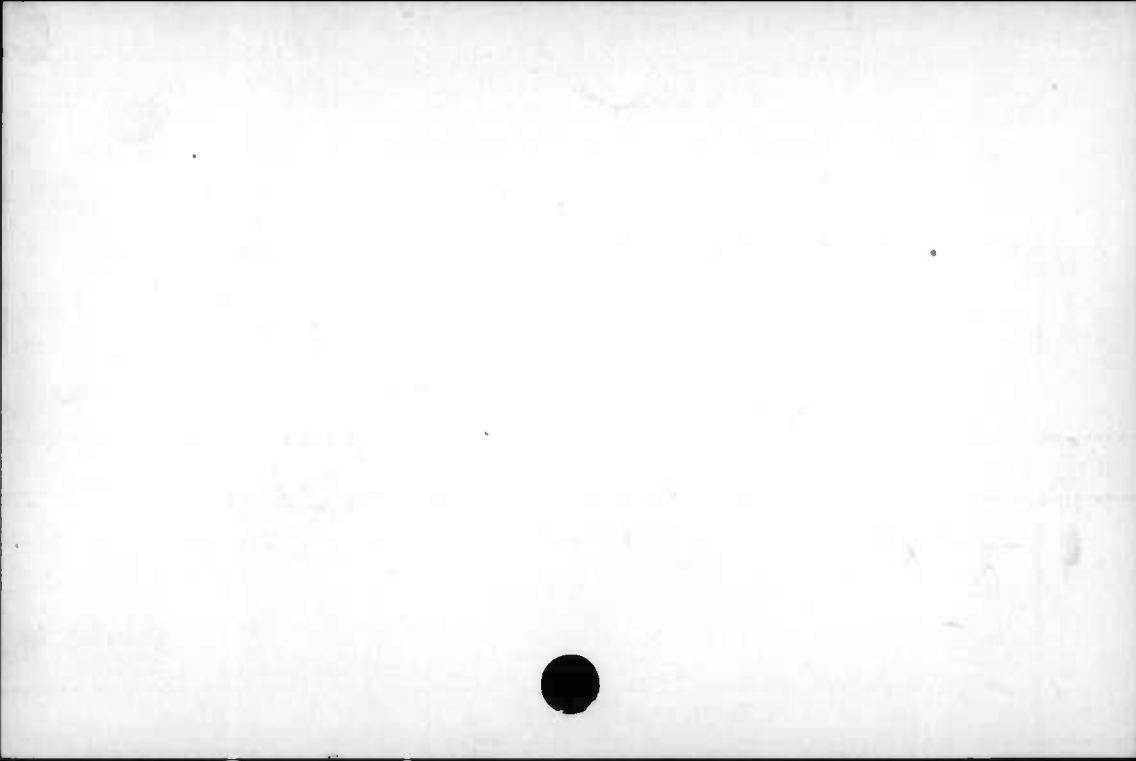
Name *Nancy J. Frindley* County *Wash* MARYLAND  
Died at *near Wilkinsport*  
Date of death *1907 Oct 4* Age *76* Months *—* Days *6*  
Sex *female* Color or Race *white* Birthplace *Pa.*  
Occupation *Lady of Leisure* Where Residing if not at place of death  
Married, Single or Widowed *single* Name of Wife or Husband  
Father's Name *Archibald J. Frindley* Father's Birthplace *Penn.*  
Mother's Maiden Name *Sophia Van Lear* Mother's Birthplace *Ind.*  
Name of person giving information *Mrs C. A. Little* How related to deceased *niece*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary *Senile Paralysis* How long *1 yr*  
Immediate *Exhaustion* How long  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *J. W. Hunschoke*  
Address *Hagerstown*  
Accident or Suicide? *No.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Samuel G. Fleagle</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>17</i>		Years <i>18</i>	
Date of death <i>1904</i>		Age <i>18</i>		Months <i>11</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Machine Operator</i>		Where Residing if not at place of death <i>[Redacted]</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>[Redacted]</i>					
Father's Name <i>Samuel G. Fleagle</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Florence Sparks</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Samuel G. Fleagle</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>One month</i>
Immediate <i>Heart Asthenia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. B. Moomson</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

Watkins  
Chamby Pa

Oct. 21



Name  
in  
Full

Ernest Luther Forsythe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Indian Spring <sup>County</sup> Inneh

**Date of death** 1907 <sup>Month</sup> Oct. <sup>Day</sup> 7 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 22

**Sex** Male **Color or Race** White **Birth-place** Indian Spring

**Occupation** **Where Residing if not at place of death**

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John E. Forsythe

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Amanda Shepherd

Mother's  
Birthplace

"

Name of person giving  
In formation

John E. Forsythe

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

Broncho-Pneumonia

How long

1 week

Immediate

Cardiac Failure

How long

1 day

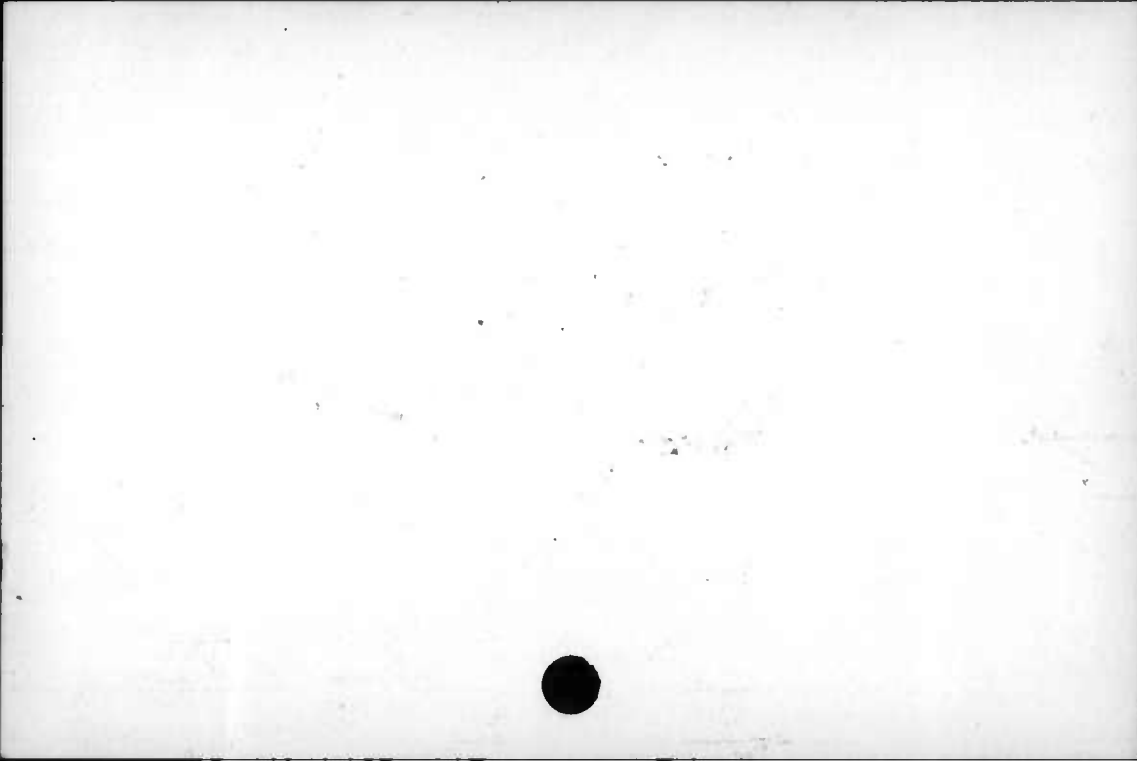
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

C. T. Mason

Address

Clear Spring

Accident or Suicide?



Name  
in  
Full

Samuel Geiser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

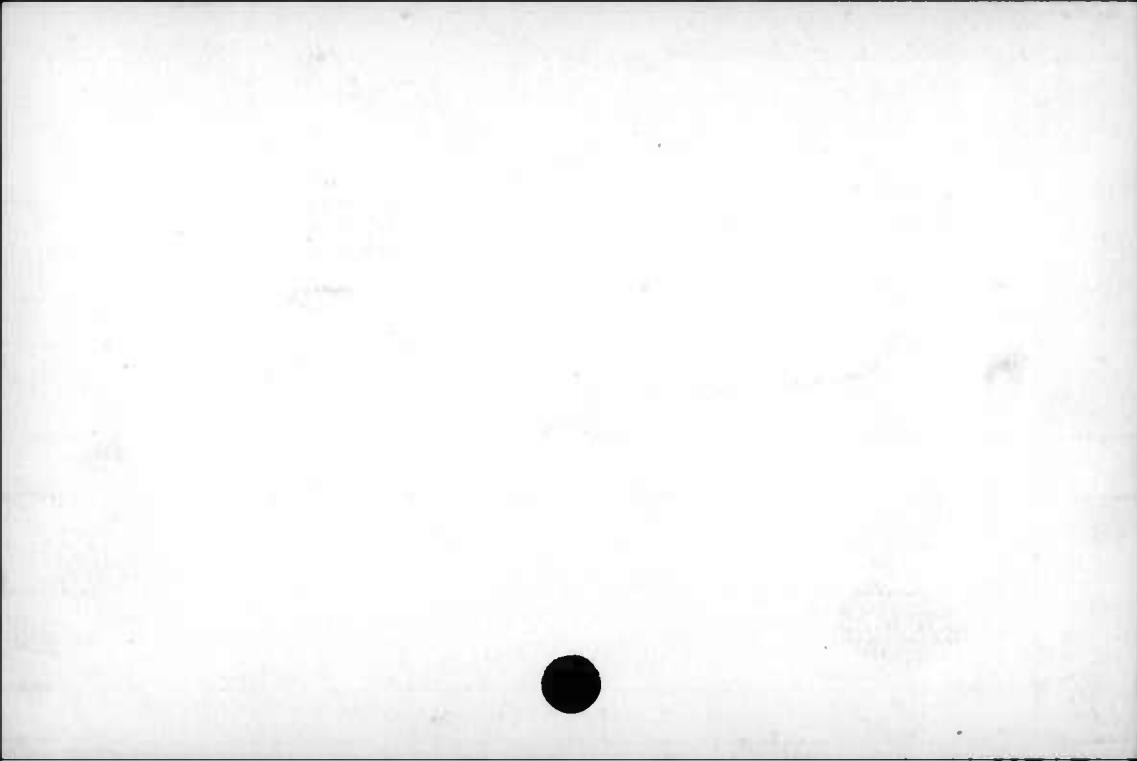
Died at <i>Smithsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>25</i>	Age <i>73</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, <i>Single</i> or Widowed		Name of Wife or Husband <i>Samuel Geiser</i>			
Father's Name <i>John Geiser</i>		Father's Birthplace <i>Lancaster, Pa</i>			
Mother's Maiden Name <i>Mary Geiser</i>		Mother's Birthplace <i>Franklin, Pa</i>			
Name of person giving information <i>Allen Geiser</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

Primary <i>Concussion of Brain</i>	How long <i>one Month</i>
Immediate <i>Progressive Paralysis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. S. Kefauver</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John William Goetz*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> *Maryland*

Date of death *1907* <sup>Month</sup> *10* <sup>Day</sup> *14* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *2* <sup>Days</sup> *7*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single *—* or Widowed Name of Wife or Husband *—*

Father's Name *Adams Goetz* Father's Birthplace *Pa*

Mother's Maiden Name *Kertie Griffith* Mother's Birthplace *Pa*

Name of person giving information *Kertie Goetz* How related to deceased *Mother*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Malnutrition* How long *3 wks*

Immediate *Exhaustion* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. D. Snuffer*

Address *Hagerstown, Md.*

Accident or Suicide? *—*

A. Coffin Rose Hill Cemetery  
Coffman  
10/15/07

Name  
in  
Full

Flora Gouis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayentown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>10</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	<i>1</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Chester Gouis</i>		Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Augusta Kijer</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Nancy Gouis</i>		How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary <i>Constriction of lungs</i>	How long <i>32 days</i>
Immediate <i>Heart failure</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. P. P. P.</i>
	Address <i>Washington Ind</i>
Accident or Suicide? <i>No</i>	

~~Apparatus~~  
Rose Hill

Oct. 31/07



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

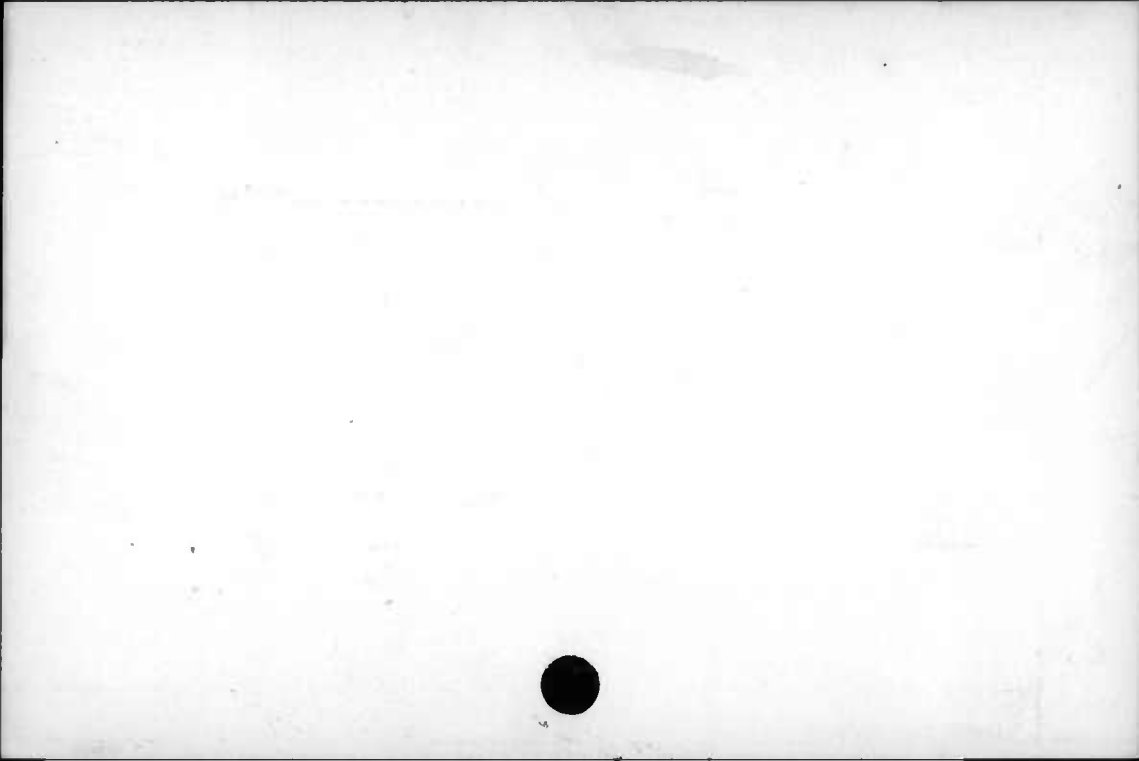
Died at <i>Sandy Hook</i> <sup>Town</sup> <i>Vashington</i> <sup>County</sup> <i>MARYLAND</i>	
Date of death <i>1907</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>3</i> <sup>Years</sup> <i>18</i> <sup>Months</sup> <i></i> <sup>Days</sup> <i></i>	
Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Sandy Hook</i>	
Occupation <i></i> Where Residing if not at place of death <i>Sandy Hook</i>	
Married, Single or Widowed <i>Single</i> Name of Wife or Husband <i>Isabella Long</i>	
Father's Name <i>Chas Cleveland Gordon</i> Father's Birthplace <i>Sandy Hook</i>	
Mother's Maiden Name <i>Isabella Long</i> Mother's Birthplace <i>Sandy Hook</i>	
Name of person giving information <i>Albert Minner</i> How related to deceased <i>unc</i>	

## CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Thrust</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Clark J.P.</i>
<i>yes</i>	Address <i>No. Physician</i>
Accident or Suicide? <i></i>	



Name  
in  
FullMelvin Theodore ~~Gross~~

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied near <sup>Town</sup> Trego

County Wash.

MARYLAND

Date  
of death 1907

Month 10

Day 30

Age

Years 1

Months 6

Days

Sex M

Color or  
Race

White

Birth-  
place

Trego.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles Gross

Father's  
Birthplace

Rohrer'sville

Mother's  
Maiden Name

Susan E Myers

Mother's  
Birthplace

Bargan

Name of person giving  
In formation

David Gross

How related  
to deceased

Grandfather

## CAUSES OF DEATH

(92)

Primary

How long

Immediate

Bronchitis Pneumonia

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

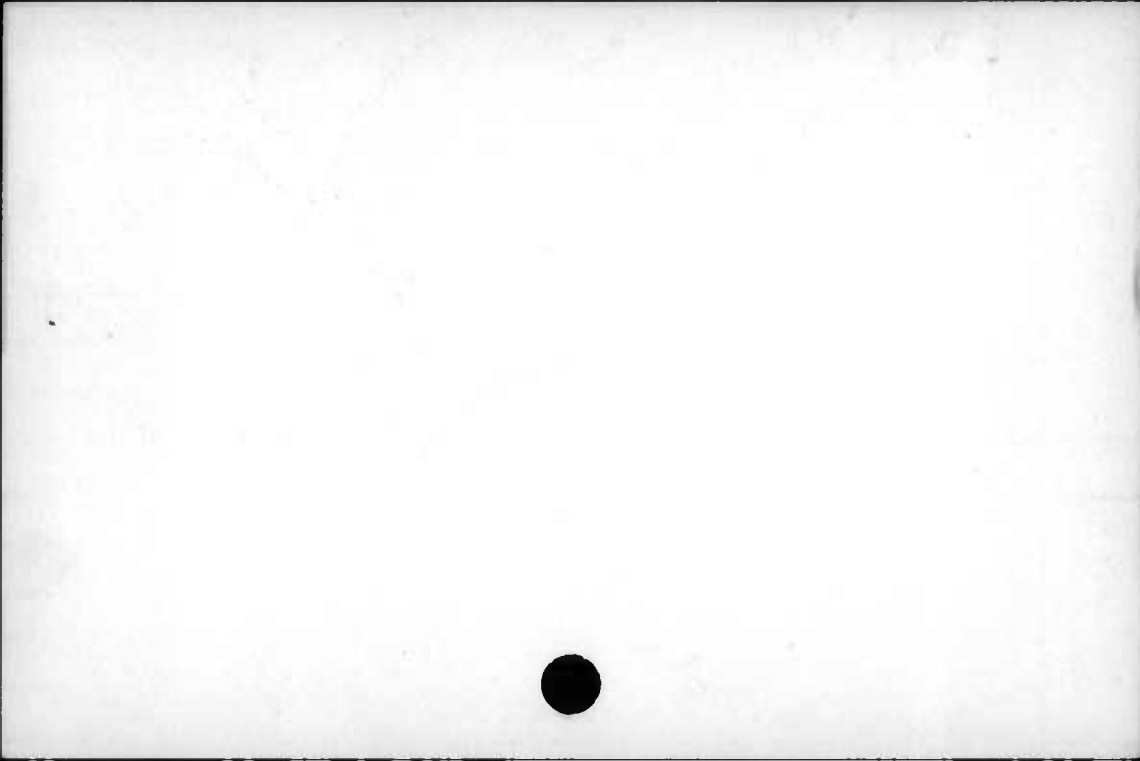
Signature of  
Physician

C. H. Baker, M.D.

Address

Rohrer'sville

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

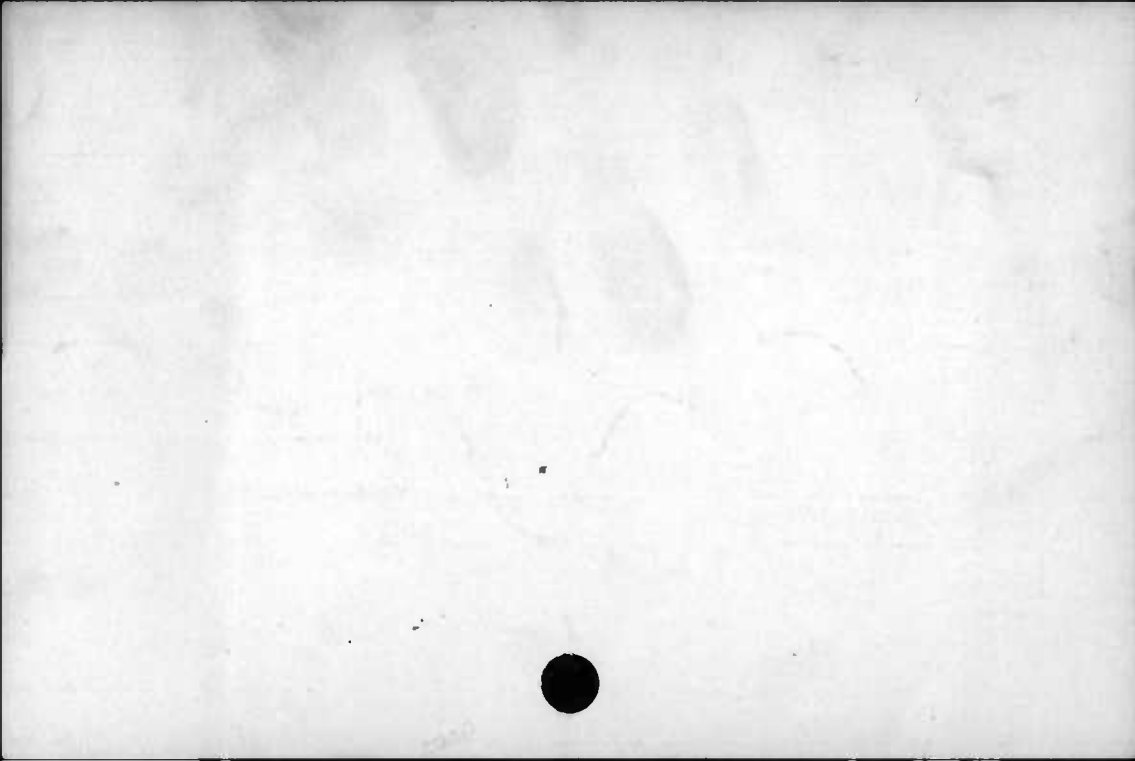
Died at <i>Hagerstown</i>		Town		County		Wash.		Maryland	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>67</i>		Years <i>6</i> Months <i>7</i> Days <i>14</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>					
Occupation <i>Silk Weaver</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife <i>Sophia Grummel</i>							
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>							
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Sophia Grummel</i>		How related to deceased <i>wife</i>							

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 yrs</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. White &amp; Son</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

John S Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

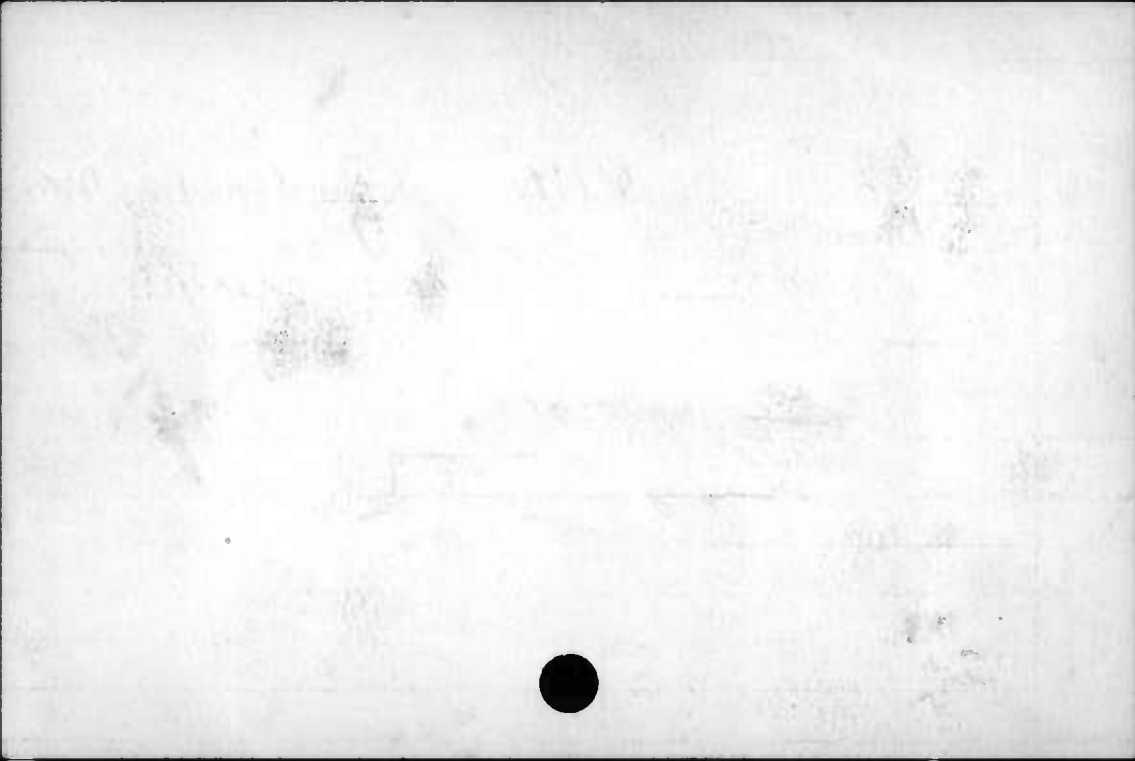
Died at <i>Funkstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1907	Month	10	Day	13
Age		60		Years	Months
Sex		Male		Color or Race	White
Occupation		Weaver		Birth-place	Leasburg Va
Where Residing if not at place of death		<i>Funkstown</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	Amanda C Gray	
Father's Name	Richard Harris		Father's Birthplace	<i>Portsmouth</i>	
Mother's Maiden Name	<i>Dot</i>		Mother's Birthplace	<i>Portsmouth</i>	
Name of person giving information	<i>Amanda Harris</i>		How related to deceased	Wife	

## CAUSES OF DEATH

(45)

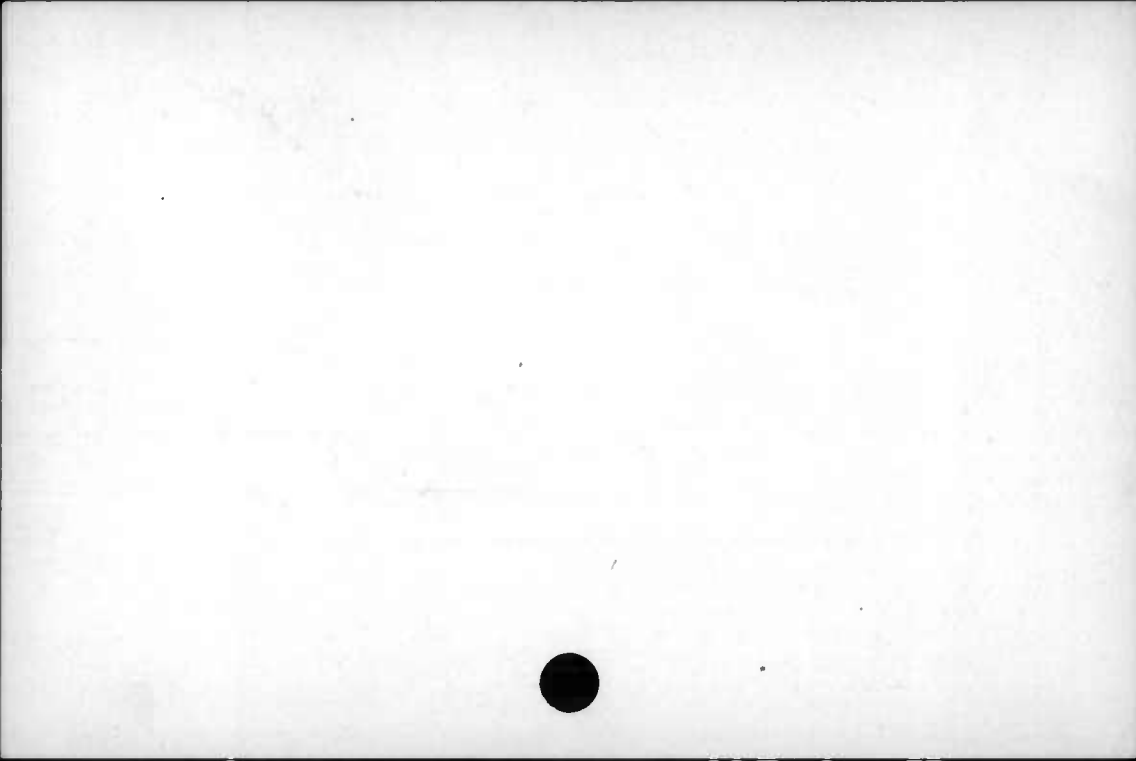
PHYSICIAN  
OR CORONER

Primary	<i>Cancer</i>	How long	<i>2 yrs</i>
Immediate	<i>Hemiplegia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. J. Maynard</i>	
		Address	
		<i>Funkstown</i>	
Accident or Suicide?		<i>No</i>	





Name in Full		Lloyd Oliver Harsh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Clearspring</i>		Town <i>Washington</i>		County		MARYLAND
	Date of death	<i>1907</i>	Month <i>Oct.</i>	Day <i>3</i>	Age	Years	Months
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Clearspring Md</i>
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Gone</i>			
	Father's Name	<i>L. Oliver Harsh</i>				Father's Birthplace	<i>Clearspring Md</i>
	Mother's Maiden Name	<i>Mary E. Draper</i>				Mother's Birthplace	<i>Clearspring Md</i>
Name of person giving information		<i>Gabe Harsh</i>		How related to deceased		<i>Father</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Still Born Child</i>				How long	<i>Unknown</i>
	Immediate	<i>Unknown</i>				How long	<i>Unknown</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>J. P. Perry</i>		
					Address <i>Clearspring Md</i>		
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Allen Hennessey*

Died at *Tilghmanston* Town *Washington* County

Date of death *1907* Month *10* Day *5* Age *67* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Hennessey*

Father's Name *Timothy Hennessey* Father's Birthplace *Unknown*

Mother's Maiden Name *Elizabeth Hennessey* Mother's Birthplace *Unknown*

Name of person giving information *Joseph Hennessey* How related to deceased *Son*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Acute Indigestion(?)* How long *6 hours*

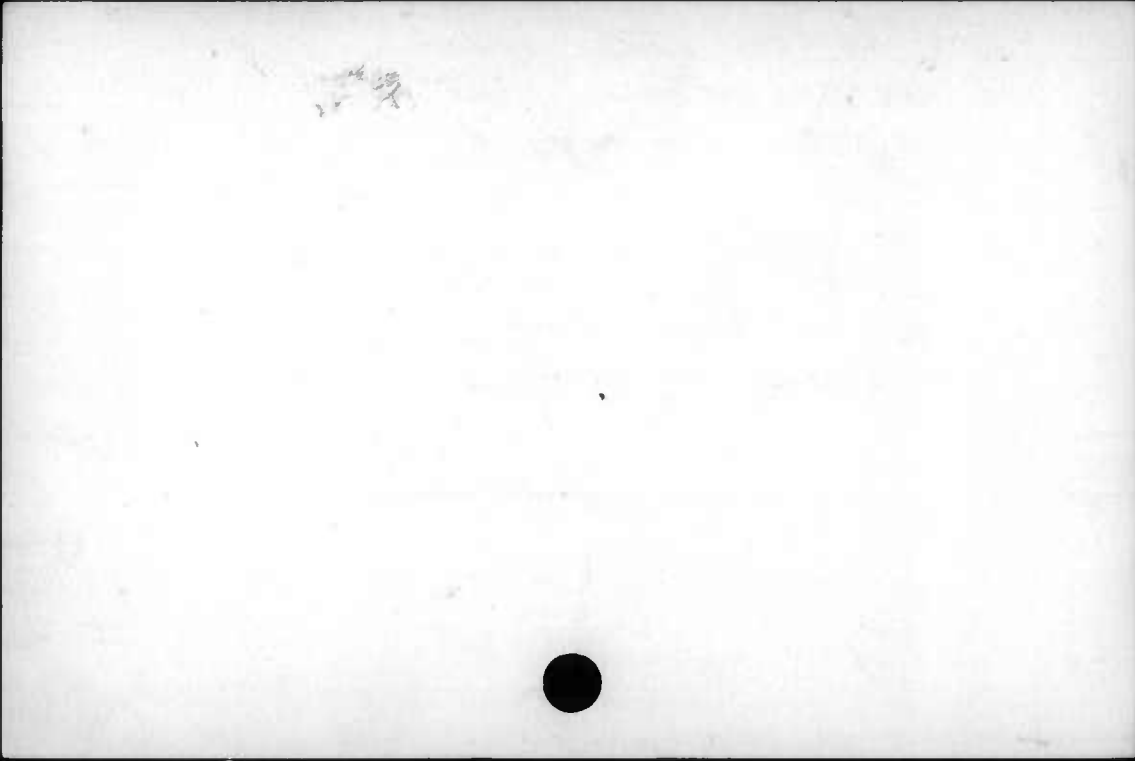
Immediate *Acute Heart Failure* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. M. Reichard*

Address *Fairplay*

☒ Accident or Suicide?



Name  
in  
Full

Mrs Susan Holtzman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	2
Age	83	Years		Months	20
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House keeper	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband <i>Jos Holtzman</i>			
Father's Name	Lewis Remonding	Father's Birthplace <i>Ma</i>			
Mother's Maiden Name	Susan Thomas	Mother's Birthplace <i>Ma</i>			
Name of person giving information	C C Holtzman	How related to deceased <i>Son</i>			

## CAUSES OF DEATH

87 Miller

PHYSICIAN  
OR CORONER

Primary	<i>Senile</i>	How long	<i>✓</i>
Immediate	<i>Chronic Endocarditis</i>	How long	<i>121</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W.P. Miller</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>no</i>		

Caufman  
Rose Hill

Name  
in  
Full

George W. Ingram

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Antietam</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>12</i>
Age	<i>62</i>	Years	<i>6</i>	Months	<i>28</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Wash. Co</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Wedded</i>	Name of Wife or Husband	<i>Mary Ingram Dec'd</i>		
Father's Name	<i>Joseph Ingram</i>		Father's Birthplace	<i>Wash Co</i>	
Mother's Maiden Name	<i>Mary Bird</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>John Ingram</i>		How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

172

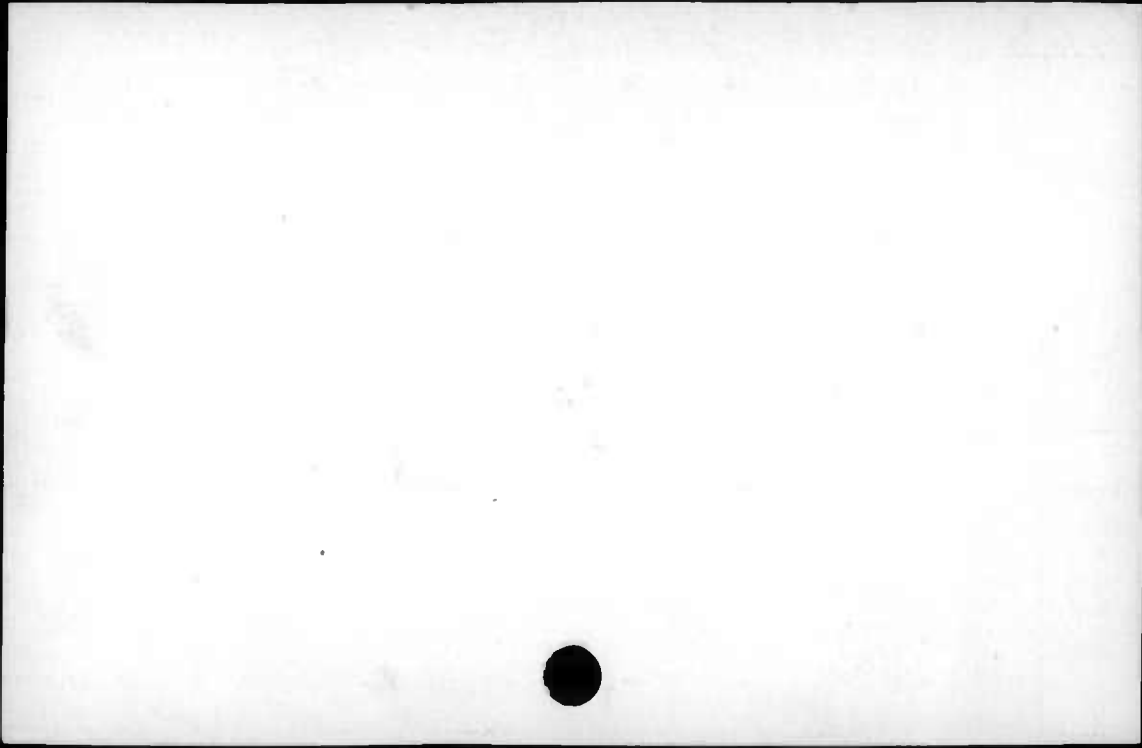
PHYSICIAN  
OR CORONER

Primary	<i>Accidental Drowning</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. Howell Gardner</i>
		Address	<i>Sharpsburg Md</i>
Accident or Suicide?	<i>Accidental</i>		

Chas. S. Mearns  
undertaken



Name in Full		Susanna Hays				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beonsboro		Washington		MARYLAND	
	Date of death	1907	Oct-	13	Age	91	Months 7 Days -
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Joshua Hays	
	Father's Name	John Rhodes		Father's Birthplace	Germany		
PHYSICIAN OR CORONER	Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
	Name of person giving information	Hiram Hays		How related to deceased	Son		
	CAUSES OF DEATH				154		
PHYSICIAN OR CORONER	Primary	Old age -				How long	
	Immediate	Senile asthma				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. C. Wheeler		
	Address	Beonsboro					
Accident or Suicide?		Washington Co -					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		10	13	Age 21	8	—	
Sex	Female	Color or Race	Colored	Birth-place	Na		
Occupation	House work		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband		Annie Jackson			
Father's Name	Frederick Knight		Father's Birthplace		Na		
Mother's Maiden Name	Harriet Chapman		Mother's Birthplace		Na		
Name of person giving information	Harriett Page		How related to deceased		Mother		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	8/1
Immediate	Exhaustion	How long	8/1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V. M. Duller
		Address	Hag. Md
Accident or Suicide?			

Emily Jackson  
Rose Hill

Coffman

10/15/07

Name  
in  
Full

Carrie M Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> *10* <sup>Day</sup> *20* <sup>Year</sup> *33* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *James W Jenkins*

Father's Name *Robert Ellick* Father's Birthplace *md*

Mother's Maiden Name *Susan Pickens* Mother's Birthplace *md*

Name of person giving information *James W Jenkins* How related to deceased *Husband*

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary *Kidney* *How long* *Five hours*

Immediate *Cavitation (Tubercle)* *How long* *Five hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas B. Gyle* *md*

Address *Hagerstown*

Accident or Suicide? *—*

Leffman

Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Unmarried Child *Jenkins*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> *10* <sup>Day</sup> *20* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James W Jenkins* Father's Birthplace *Va*

Mother's Maiden Name *Carrie M Slick* Mother's Birthplace *MD*

Name of person giving information *James W Jenkins* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *abortion* How long *—*

Immediate *aborted* How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician *Chas. B. Doyle*

Address *Hagerstown Md*

Accident or Suicide?

Dr. J. C. ...

Rossie

1/2





Name  
in  
Full

CERTIFICATE OF DEATH

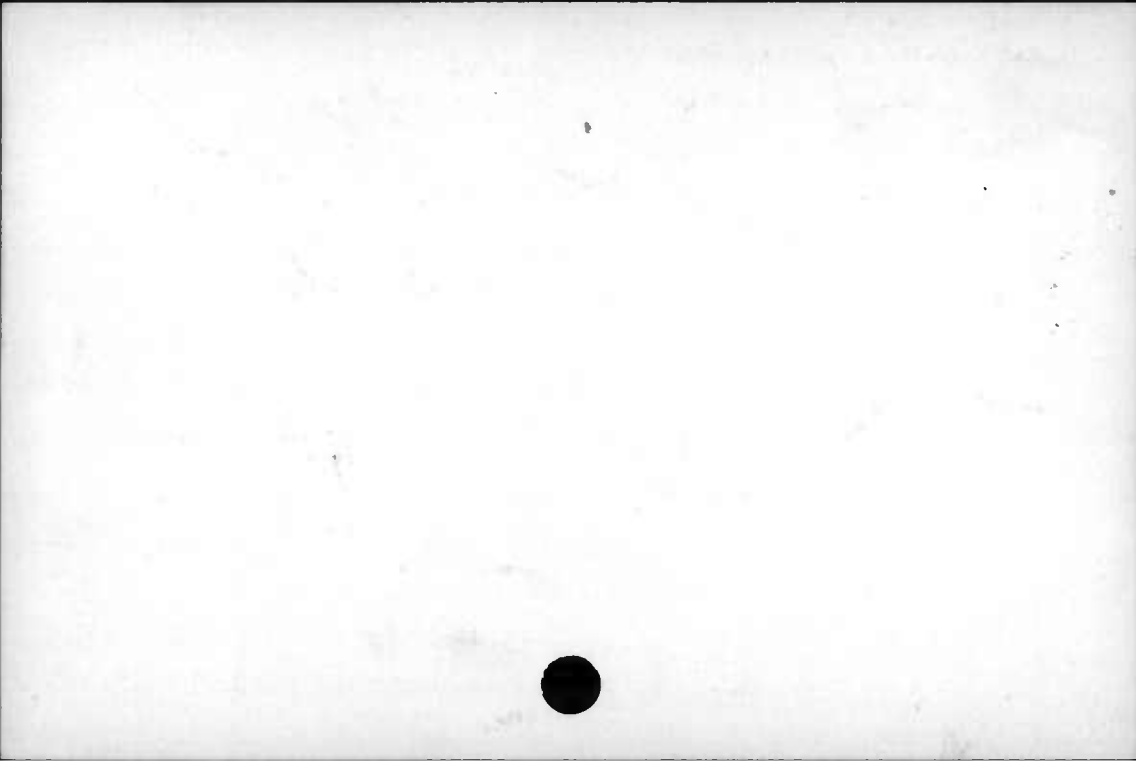
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Levi Jones</i>		Town <i>St James</i>		County <i>2nd</i>		State <i>MARYLAND</i>	
Died at <i>St James</i>		Date of death <i>1907</i>		Month <i>10</i>		Day <i>18</i>	
Age <i>Unknown</i>		Years <i>Unknown</i>		Months <i>Unknown</i>		Days <i>Unknown</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth- place <i>Maryland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>St James</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lucy Saylor</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mary Mills</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Lucy Jones</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>		How long <i>1 yr</i>	
Immediate <i>Heart Exhaustion</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. M. Richard</i>	
		Address <i>Fairplay</i>	
Accident or Suicide? <i>No</i>			



Name  
In  
Full

Barbra Ann Kayhoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

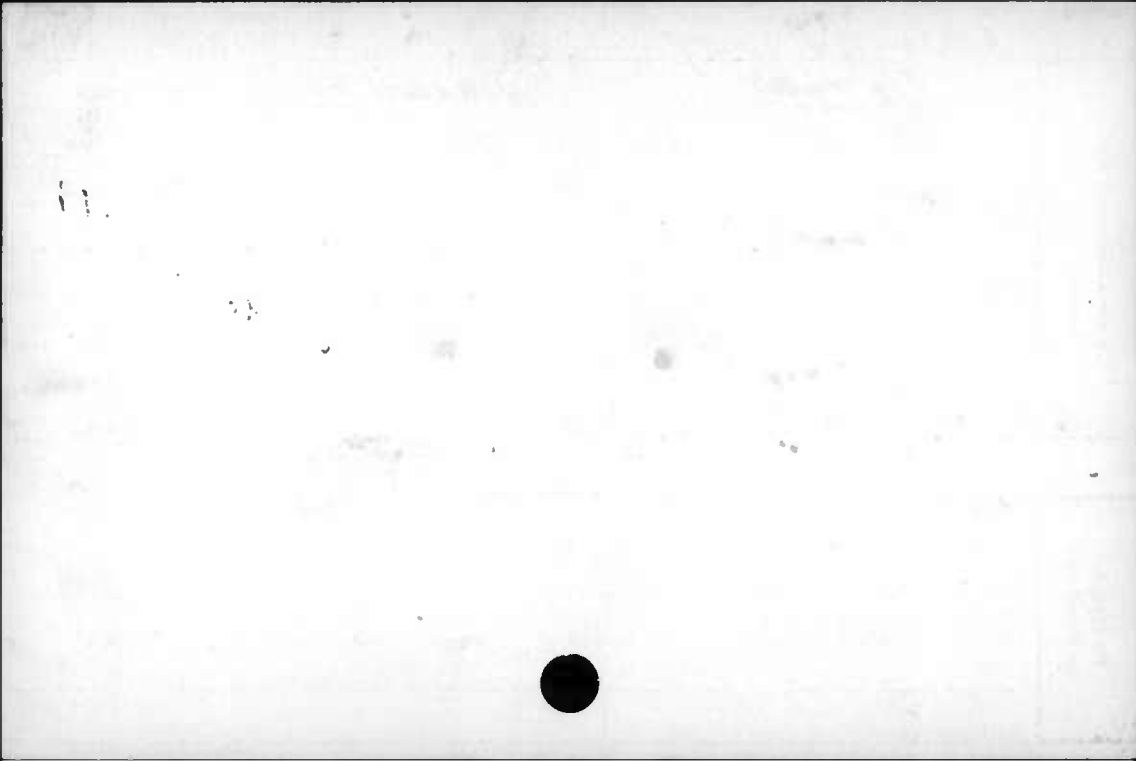
Died at		Town Smithsburg		County Washington		MARYLAND	
Date of death	1907	Month 10	Day 29	Age 77	Years 77	Months 4	Days 2
Sex	Female		Color or Race	White		Birth- place	Smithsburg
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Mathias Kayhoe			
Father's Name	Frederick Koppisch				Father's Birthplace	Germany	
Mother's Maiden Name	Lydia Brown				Mother's Birthplace	Fred. Co. Md	
Name of person giving information	Samuel Bidemour				How related to deceased	Son in Law	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart disease		How long	20 or 3 years
Immediate	Rupture or Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
I never saw this person but give what I think from history of case.		Address J. Le Massie Smithsburg Md.		
Accident or Suicide?				



Name  
in  
Full

Harry S Loy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

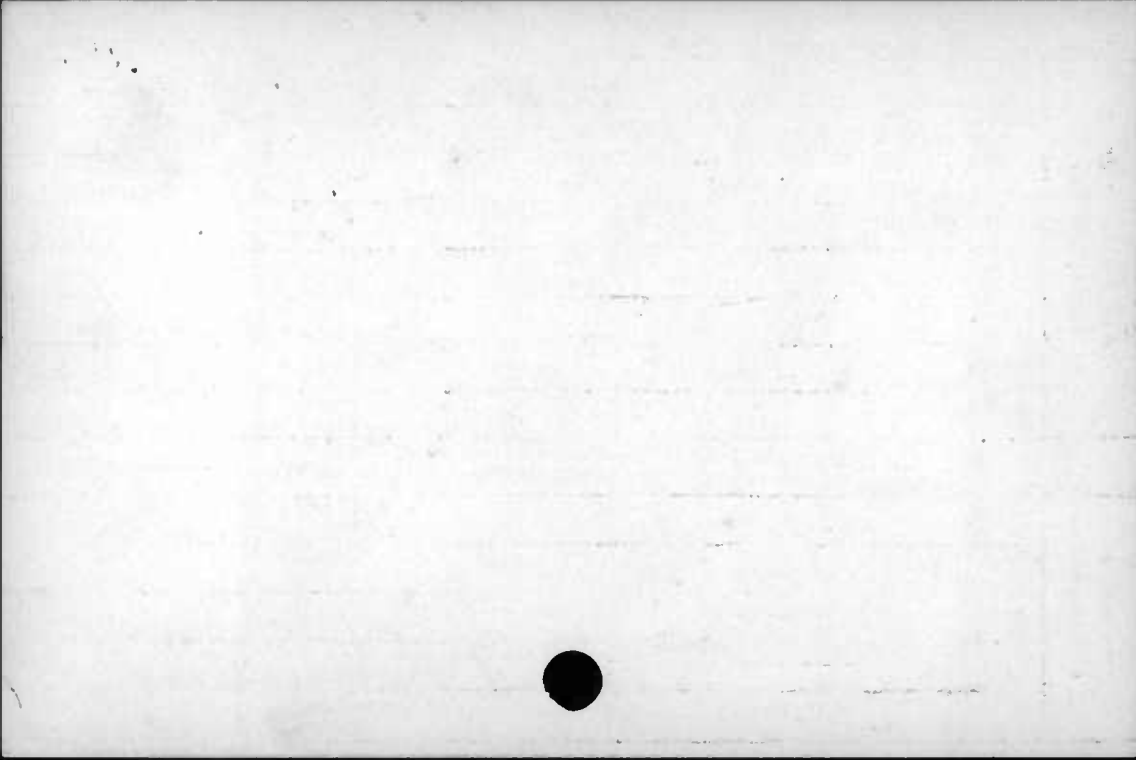
Died at		Town H. Mett		County Washington		MARYLAND	
Date of death		1907	Month Oct	Day 16	Age 34	Years -	Months 2
Sex Male		Color or Race White		Birth-place H. Mett Md			
Occupation Painter				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name W. H. Loy		Father's Birthplace Harrisburg Pa					
Mother's Maiden Name Mary E. Utz		Mother's Birthplace "					
Name of person giving information Mary Utz		How related to deceased Mother					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis		How long Four years	
Immediate Asthma		How long Six weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Ernest H. Gaither	
		Address Williamsport Md	
Accident or Suicide?			



Name  
in  
Full

John Henry Miller.

## CERTIFICATE OF DEATH

Town

County

Washington

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1907

16

19

Age

78

3

0

Sex

Male

Color or  
Race

white

Birth-  
place

unknown

Occupation

Pump-maker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Sarah Miller

Father's  
Name

John Miller

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Katharine Esklund

Mother's  
Birthplace

unknown

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

64

Primary

Paresis

How long

3 yrs.

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

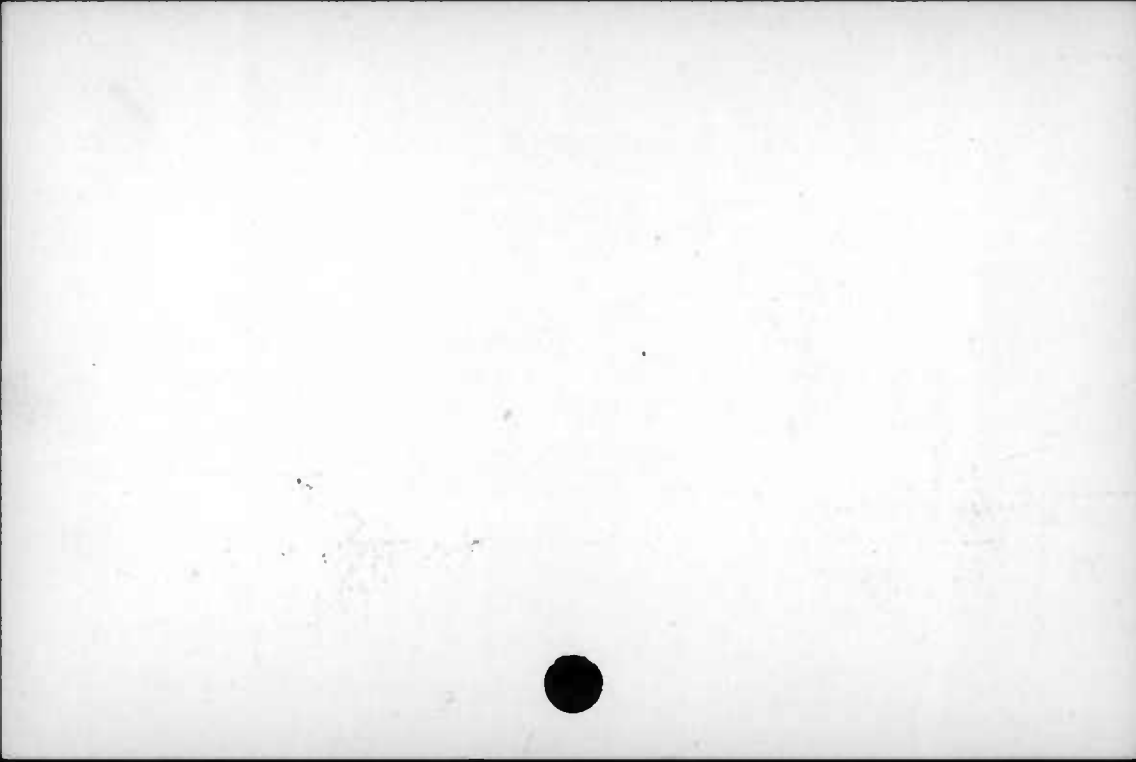
J. L. Smokey

Shady-Groove  
Pa.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coffmansville</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	10	Day	16	Age	1
Sex	Male	Color or Race	White	Birth-place	Downsville	Months	3
Occupation	Child		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Child				
Father's Name	Joseph Invalto			Father's Birthplace	Tilghmanston		
Mother's Maiden Name	Veda Hendyell			Mother's Birthplace	Inglesville		
Name of person giving information	Joseph Invalto			How related to deceased	Father		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Shia-colitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Marasmus</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. M. Richard</i>
		Address	<i>Fair Play</i>
			<i>md</i>
Accident or Suicide?			



Name  
in  
Full

Robert J. Moorehead

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Roxbury		County Wash		MARYLAND	
Date of death		1907	Month 10	Day 7	Age 39	Years 9	Months 8
Sex		male		Color or Race		white	
Occupation		chemist		Where Residing if not at place of death		Ireland	
Married, Single or Widowed		married		Name of Wife or Husband		Jennie Moorehead	
Father's Name		John Moorehead		Father's Birthplace		Ireland	
Mother's Maiden Name		Sarah Park		Mother's Birthplace		..	
Name of person giving In formation		Mrs Jennie Moorehead		How related to deceased		wife	

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		Instantly.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Elias B. Hattie, acting coroner	
Accident or Suicide?		Address	
accident		Hagerstown Md	

Pittsburg, Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ephraim Arcutt</i>				County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	10	Day	13	Age	60
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Vermont</i>		Months <i>10</i>	
Days <i>22</i>		Where Residing if not at place of death					
Occupation <i>Cabman</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Anna Arcutt</i>					
Father's Name <i>William Arcutt</i>		Father's Birthplace <i>Vermont</i>					
Mother's Maiden Name <i>Ella B Gray</i>		Mother's Birthplace <i>Vermont</i>					
Name of person giving information <i>Charles Arcutt</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *catarrhal jaundice*

114

How long *✓*Immediate *exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Wm. L. ...  
Hagerstown, Md.*

Accident or Suicide?

no

AK 872222  
Rose Hill

10/15/09

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		10	26	44			
Sex		Color or Race		Birth-place			
Male		Black		D.C.			
Occupation		Where Residing if not at place of death					
Carrier		Hagerstown					
Married, Single or Widowed		Name of Wife or Husband					
Single		Lena					
Father's Name		Father's Birthplace					
James		D.C.					
Mother's Maiden Name		Mother's Birthplace					
Ellen		D.C.					
Name of person giving information		How related to deceased					
E. H. Smith		Brother					

## CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary	?	How long	
Immediate	Pulmonary hemorrhage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		J. R. Laughlin	
		Address	
		Hagerstown Md.	
Accident or Suicide?			

Watkins  
Dec. 28



Name  
in  
Full

CERTIFICATE

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hayestown* <sup>County</sup> *Washington* *town* **MARYLAND**  
 Date of death **1907** <sup>Month</sup> *10* <sup>Day</sup> *20* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *—*  
 Sex *Female* Color or Race *white* Birth-place *md*  
 Occupation *Child* Where Residing if not at place of death *—*  
 Married, Single or Widowed *—* Name of Wife or Husband *—*  
 Father's Name *J P Richards* Father's Birthplace *W Va*  
 Mother's Maiden Name *Helen N Smith* Mother's Birthplace *W Va*  
 Name of person giving information *J P Richards* **(S)** How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *about* How long *about*  
 Immediate *about* How long *about*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *Chas D. Ogden*  
 Address *—*  
 Accident or Suicide? *—*

6/1/1900  
Rose Hill

9/30

Name in Full		Edward Ritter				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		County		Washington		MARYLAND					
		Date of death		1907	Month	10	Day	16	Age	7	Years	2	Months	4	Days
		Sex		Male		Color or Race		White		Birth-place		Md Pa			
		Occupation				Where Residing if not at place of death									
		Married, Single or Widowed		Single		Name of Wife or Husband									
PHYSICIAN OR CORONER		Father's Name		Michael B Ritter				Father's Birthplace		Pa					
		Mother's Maiden Name		Bertha J Thomas				Mother's Birthplace		Md					
		Name of person giving information		Michael Ritter				How related to deceased		Father					
		CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Injury -				How long							
		Immediate		Shock from Injury -				How long		3 hours					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		T. Duiller							
		Address													
Accident or Suicide?		accident													

"Ed. Ritter was injured by a trolley car.

Fracture of right thigh, extensive laceration  
of fracture of right foot, left lower leg -  
scalp wounds, and contusions of chest.  
Operation - amputation of right leg at  
ankle, left leg at knee."

Victor D. Miller, Jr.

Coffman  
Oct. 20

Name  
in  
Full

Mrs. Carrie H Rouzer

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown<sup>County</sup> Wash.

MARYLAND

Date

of death

1907

Month

Oct

Day

20

Age

Years

23

Months

9

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

George Rouzer

Father's  
Name

Clinton S Stouffer

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Laura Srigrist

Mother's  
Birthplace

Penn.

Name of person giving  
Information

Clinton S Stouffer

How related  
to deceased

Father

## CAUSES OF DEATH

(188)

Primary

Chronic Laryngitis

How long

Six months

Immediate

Exhaustion

How long

Six weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

O. H. Hagan  
Hagerstown Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Suter

Oct, 21

Name  
in  
Full

David H. Rubeck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clear Spring</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> <sup>Month</sup>	<i>1</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>5</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, <del>Single</del> <i>Widowed</i>		Name of Wife or Husband <i>Anna Switzer</i>			
Father's Name <i>John Rubeck</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Howard Rubeck</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Paralysis*

How long

Immediate

*"*

How long

*24 hrs.*

Are the name, age, sex, color, date and place correctly given above?

*Yrs*

Signature of Physician

Address

*H. C. Foster M.D.  
Clear Spring,*

Accident or Suicide?

David H. Rubick

1853 Dec 26

F. John, Germany  
M not known "



Name  
in  
Full

Mrs. Ellen Sheeley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

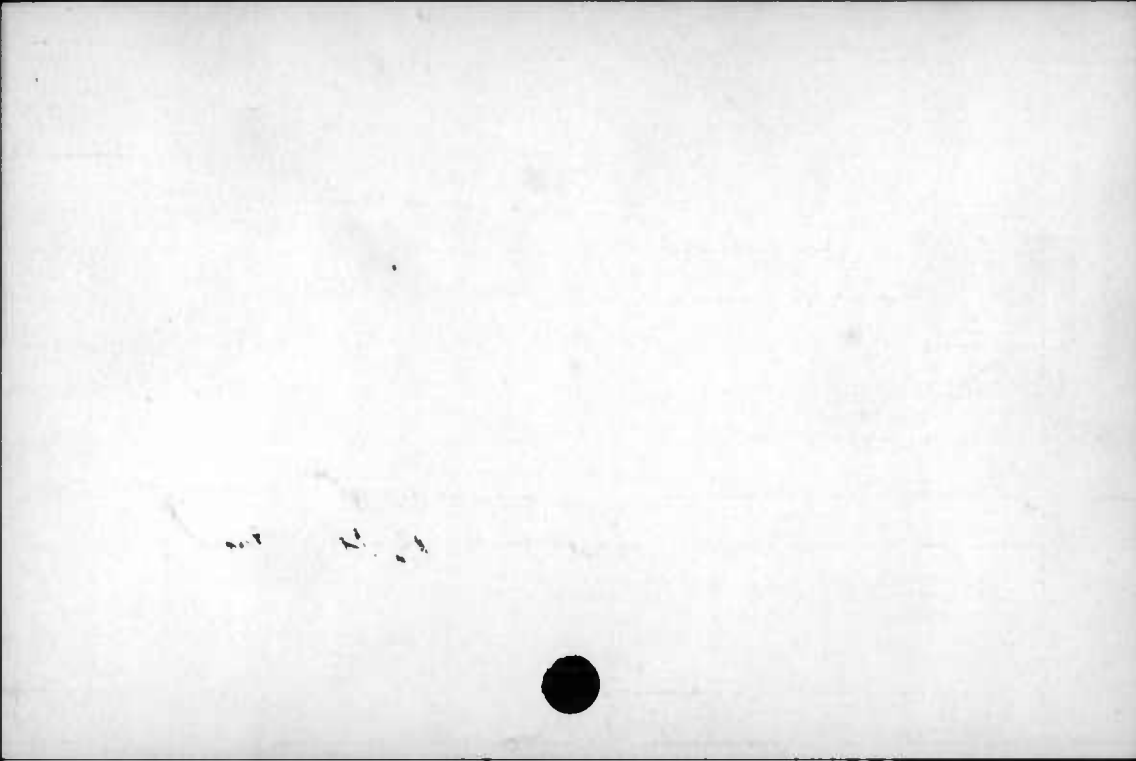
Died at <i>near Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1907 Oct 29</i>	Month <i>Oct</i>	Day <i>29</i>	Age <i>62</i>	Years <i>62</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Penn.</i>				
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>married</i>	Name of <del>Wife</del> Husband <i>C. Jones Sheeley</i>						
Father's Name <i>David Greenawalt</i>	Father's Birthplace <i>Penn.</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>						
Name of person giving information <i>C. J. Sheeley</i>	How related to deceased <i>husband</i>						

## CAUSES OF DEATH

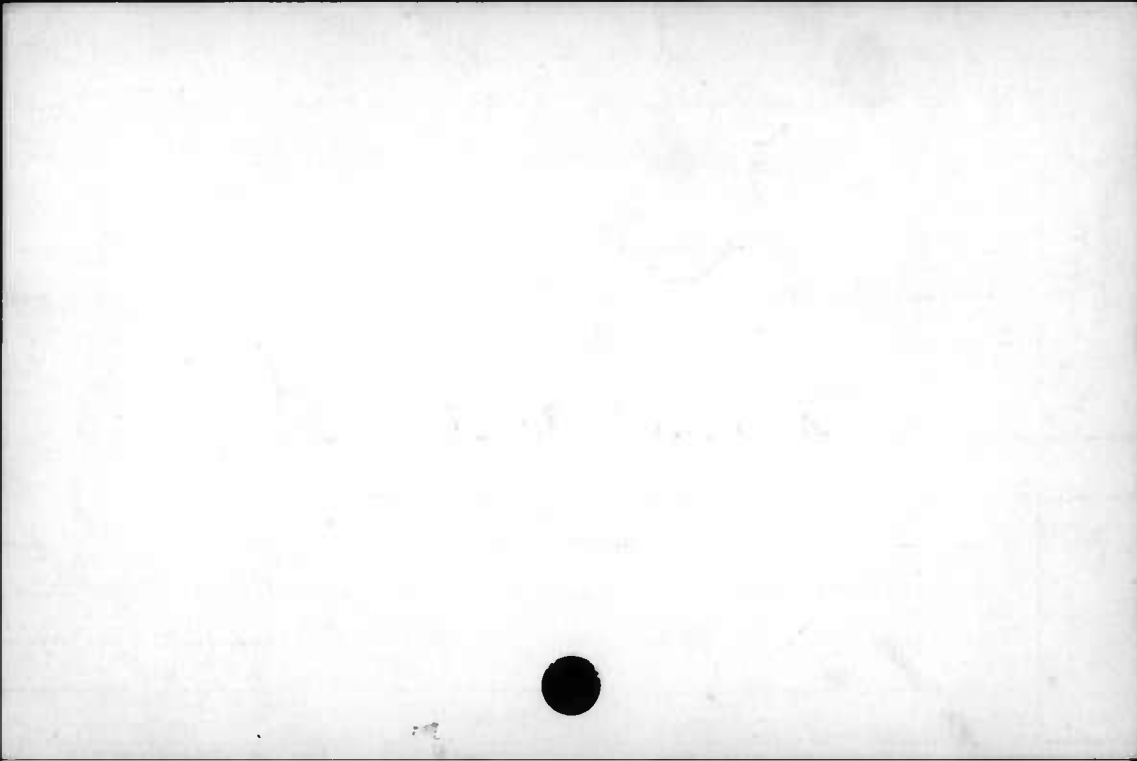
(14)

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>Four weeks</i>
Immediate <i>Bright's disease</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Petrengle</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Thurgoodville</i>		County <i>Washington</i>			
		Town <i>Thurgoodville</i>		State <i>MARYLAND</i>			
		Date of death <i>1907 Oct 25</i>	Month <i>Oct</i>	Day <i>25</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa.</i>			
		Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
		Father's Name <i>Alvah Showalter</i>		Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Nettie Showalter</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Samuel E. Horst</i>		How related to deceased <i>—</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Premature Birth</i>		How long <i>—</i>			
		Immediate <i>—</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. C. McMillen, M.D.</i>			
				Address <i>Thurgoodville, Pa.</i>			
		Accident or Suicide? <i>—</i>					



Name  
in  
Full

Mary Margaret Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gittletown		County Washington		MARYLAND	
Date of death		1907	Month October	Day 27	Age 87	Years	Months —
Sex		Female		Color or Race White		Birth-place Maryland.	
Occupation House-wife				Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband John Smith.			
Father's Name		George Waller				Father's Birthplace Maryland	
Mother's Maiden Name		Jemimah Minnich				Mother's Birthplace Maryland	
Name of person giving information		William Kline				How related to deceased Sister-in-law.	

CAUSES OF DEATH

19

PHYSICIAN  
OR CORONER

Primary	Cerebral Regurgitation		How long	18 months
Immediate	Dropsy		How long	4 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. Hubert Wade, M.D.	
			Address Boonsboro.	
Accident or Suicide?		No	Maryland.	



Name  
in  
Full

Infant of Daniel and Fannie Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sharpsburg</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Oct</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Sharpsburg</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Daniel Saylor</u>			Father's Birthplace <u>Sharpsburg</u>		
Mother's Maiden Name <u>Fannie J. Renner</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Daniel Saylor</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born</u>	<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px;">S</div>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address	<u>Sharpsburg, Md</u>
Accident or Suicide?			

Chas. S. Wade  
Clarendon



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

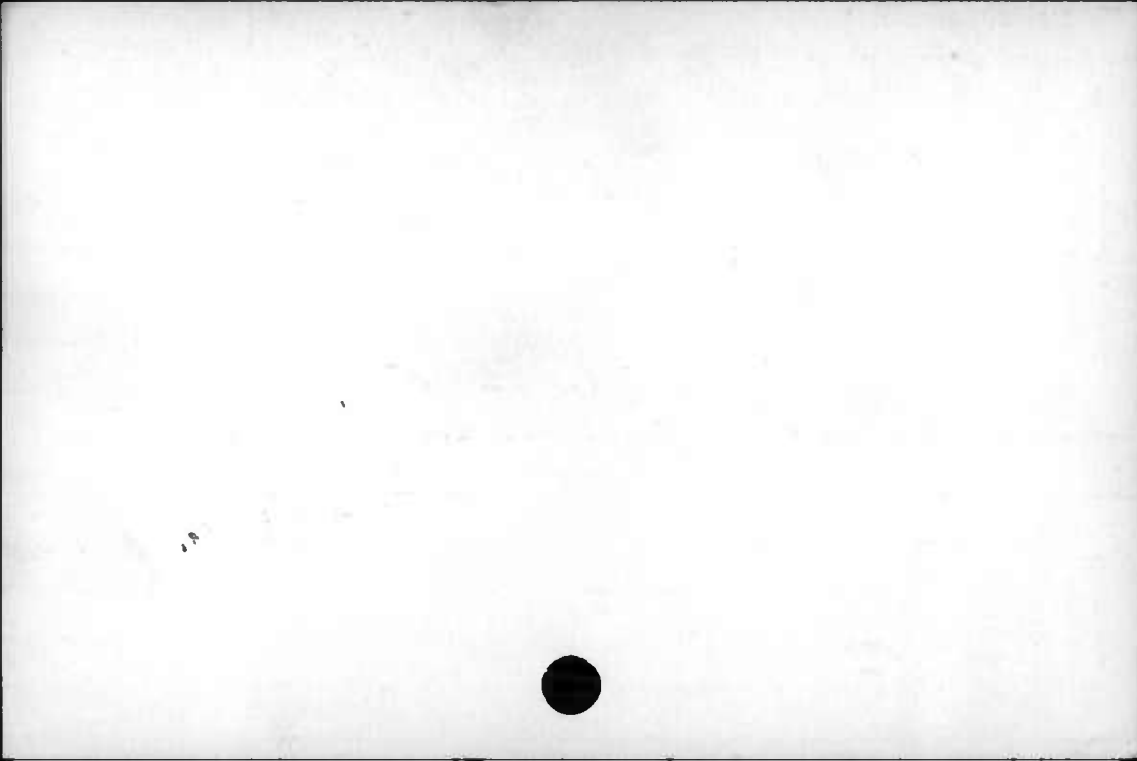
Died at		Town <i>Downtownville</i>		County <i>Wash</i>		MARYLAND		
Date of death		1907	Month 10	Day 31	Age	Years	Months <del>11</del>	Days 28
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Downtownville Md</i>	
Occupation	<i>Baby</i>				Where Residing if not at place of death			
Married, Single or Widowed	<i>Baby</i>		Name of Wife or Husband					
Father's Name	<i>Albert Snyder</i>					Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary Schaffer</i>					Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>Albert Snyder</i>					How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion</i>		How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. M. Rerchard</i>
			Address	<i>Fairplay,</i>
Accident or Suicide?				



Name  
in  
Full

Jennie F. Saylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sharpsburg		County Washington		MARYLAND	
Date of death	1907	Month Oct	Day 25	Age Years	33	Months	9
Sex	Female		Color or Race	White		Birth- place	Sharpsburg
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Husband	Daniel Saylor			
Father's Name	Jacob Renner				Father's Birthplace	Sharpsburg	
Mother's Maiden Name	Alice Bowen				Mother's Birthplace	"	
Name of person giving information	Daniel Saylor				How related to deceased	Husband	

## CAUSES OF DEATH

1135

PHYSICIAN  
OR CORONER

Primary	Difficult Labor		How long
Immediate	Postpartum Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
Accident or Suicide?	E. M. Gurnett, Sharpsburg, Md.		

Chas. E. Madsen  
undertaker

Name  
in  
Full

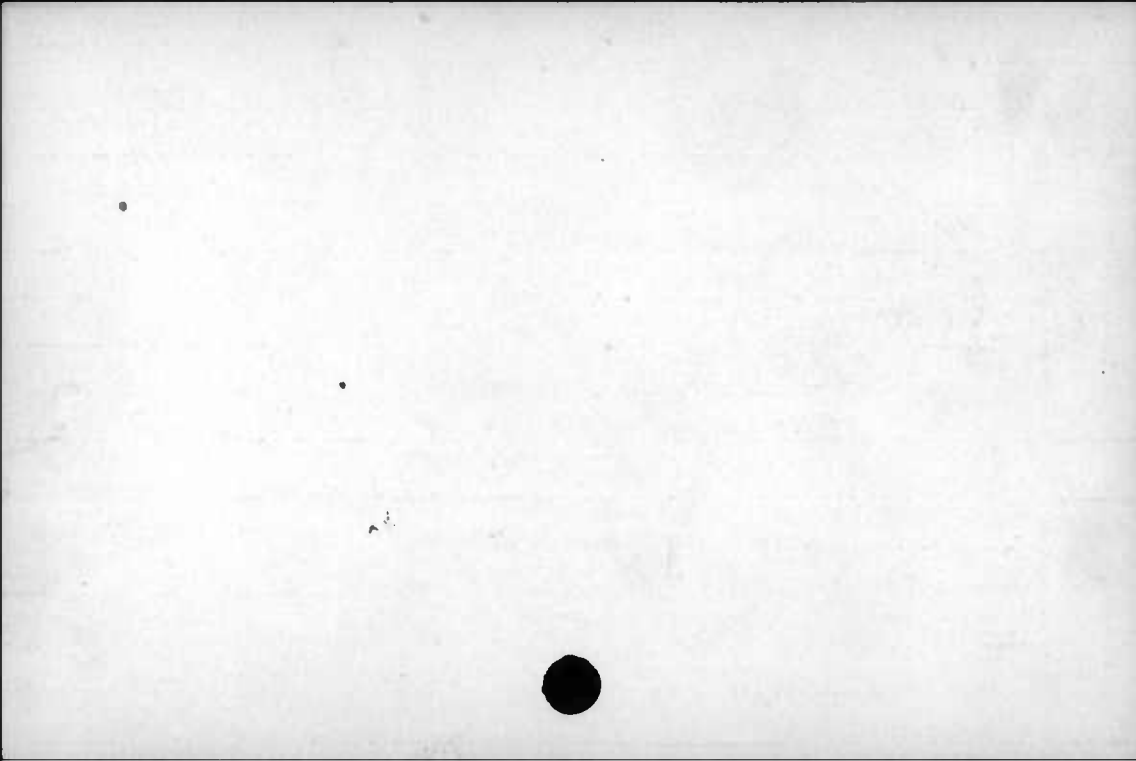
## CERTIFICATE OF DEATH

Name <i>John B. Snyder</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Oct</i>		Day <i>21</i>		Years <i>62</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>21</i>		Age <i>62</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Md.</i>			
Occupation <i>Contractor</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife <i>Eliza Hoover Snyder</i>					
Father's Name <i>John Snyder</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Rebecca Long</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Robert Snyder</i>		How related to deceased <i>son.</i>					

## CAUSES OF DEATH

109

PHYSICIAN OR CORONER	Primary <i>Intestinal Perforation</i>	How long <i>One week</i>
	Immediate <i>Pneumonia &amp; Empyema</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. K. Den-</i>
	Address <i>Hagerstown</i> <i>Md.</i>	
Accident or Suicide?		



Name

in  
Full

Susan M. Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Clear Spring <sup>County</sup> Wash

MARYLAND

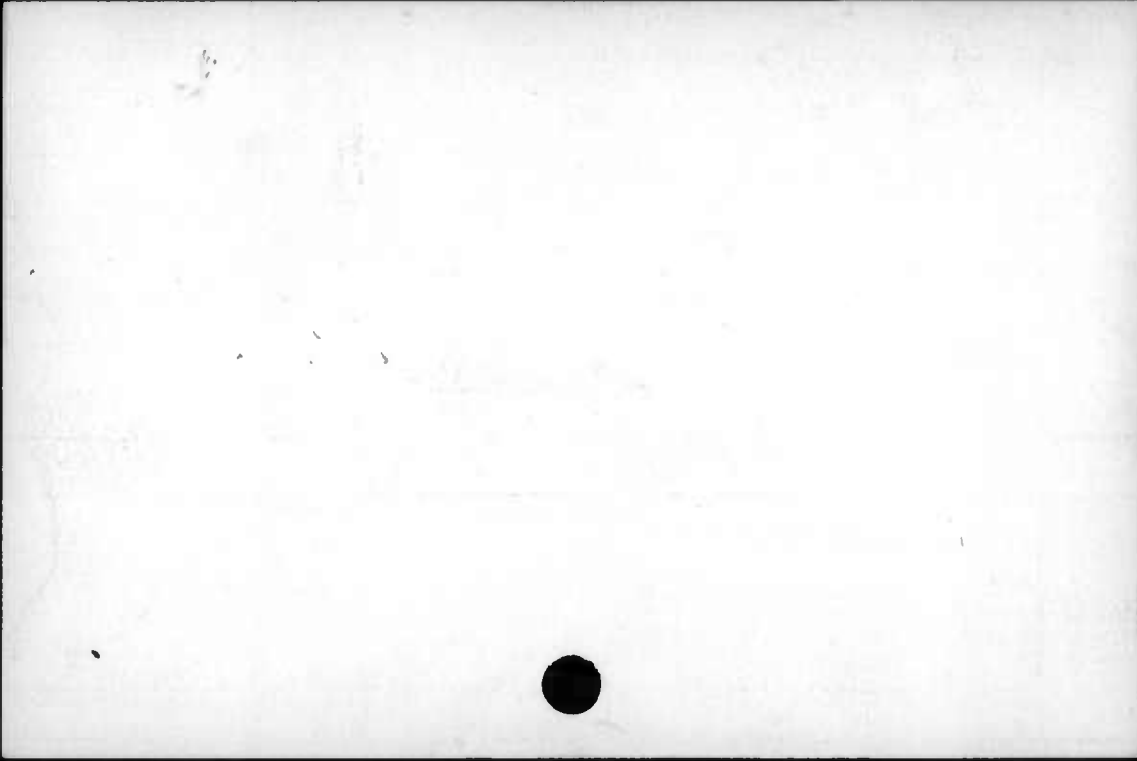
Date of death 1907 <sup>Month</sup> Oct- <sup>Day</sup> 7 <sup>Age</sup> 74 <sup>Months</sup> <sup>Days</sup> 9Sex Female <sup>Color or Race</sup> White- <sup>Birth-place</sup> Clear SpringOccupation Housewife <sup>Where Residing if not at place of death</sup>~~Married, Single or Widowed~~ <sup>Name of Wife or Husband</sup> John T. Snyder<sup>Father's Name</sup> Charles Edelen <sup>Father's Birthplace</sup> West Virginia<sup>Mother's Maiden Name</sup> Eliza Rideionier <sup>Mother's Birthplace</sup> Md<sup>Name of person giving information</sup> Son <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

(48)

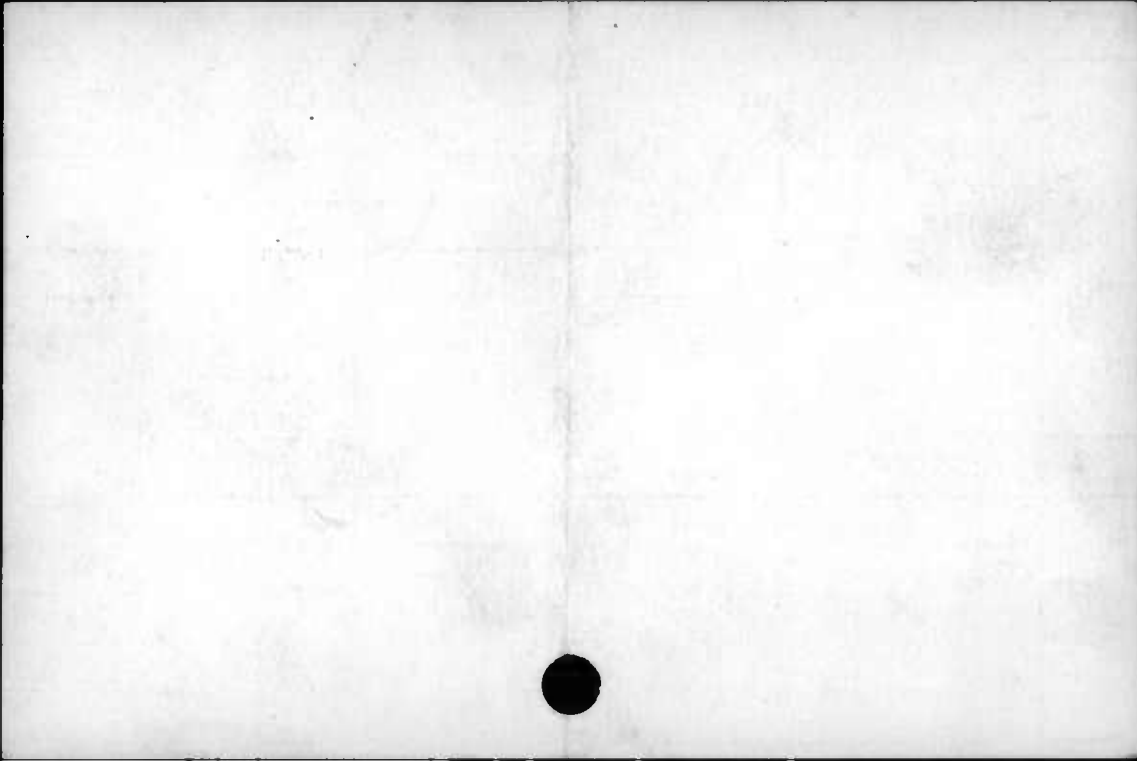
PHYSICIAN  
OR CORONER<sup>Primary</sup> Rheumatism <sup>How long</sup> Six years<sup>Immediate</sup> A bilious attack with fever <sup>How long</sup> One week<sup>Are the name, age, sex, color, date and place correctly given above?</sup> Yes<sup>Signature of Physician</sup> Abraham Shank<sup>Address</sup> Clear Spring  
Washington Co.

Accident or Suicide?





Name in Full		Town				County		CERTIFICATE OF DEATH			
May Louderm		Died near		Wash		MARYLAND					
Date of death		1907	Month 10	Day 3	Age	about 73	Months	Days			
Sex		Female		Color or Race		white		Birthplace			
Occupation		none		Where Residing if not at place of death				not known			
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		not known		Father's Birthplace							
Mother's Maiden Name		not known		Mother's Birthplace							
Name of person giving information				How related to deceased							
				CAUSES OF DEATH		66					
Primary		Paralysis		How long							
Immediate				How long		28 hrs					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. D. Baker M.D.					
				Address		Rohreraville					
Accident or Suicide?						md					



Name  
in  
Full

## CERTIFICATE OF DEATH

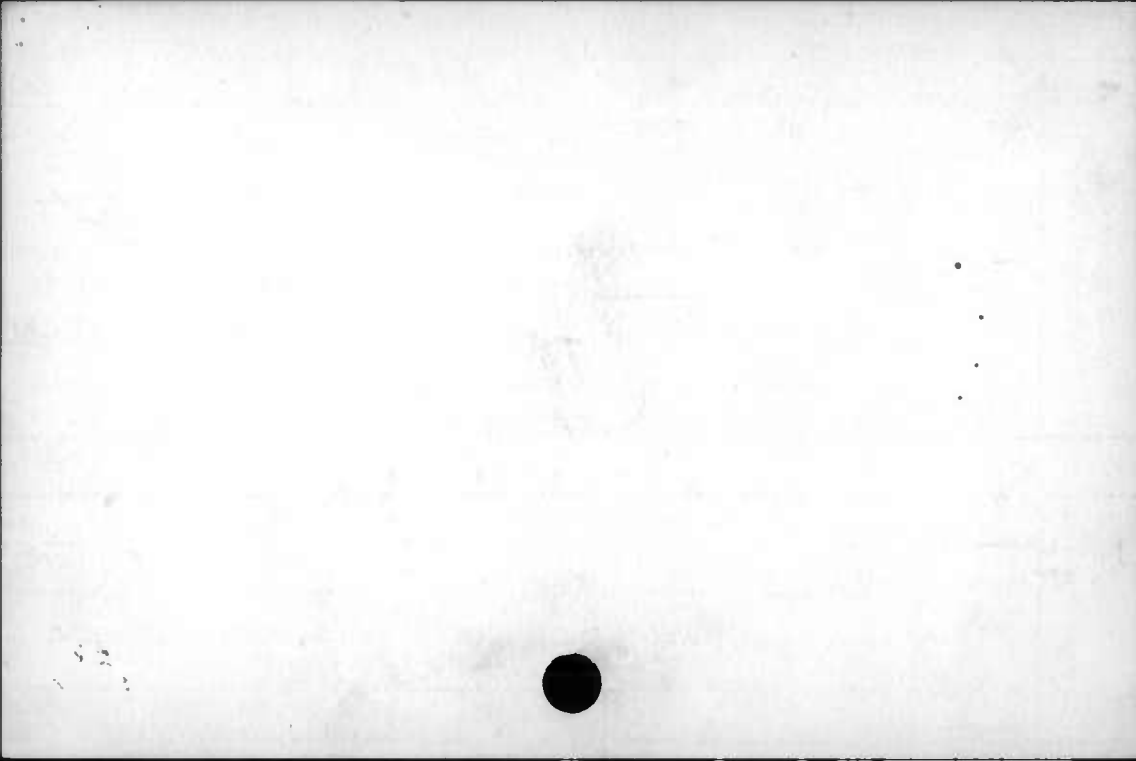
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lehensville</i> Town		<i>Boonsh.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>19</i>	Age <i>20</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lehensville</i>		
Occupation <i>Store clerk</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Roy A. Spussard</i>			
Father's Name <i>L. P. Spussard</i>		Father's Birthplace <i>Lehensville</i>			
Mother's Maiden Name <i>Alice B. Jeff.</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Blanch Marker</i>		How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Haemorrhage Intestinal</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Quinn MD</i>
	Address <i>Chewsville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

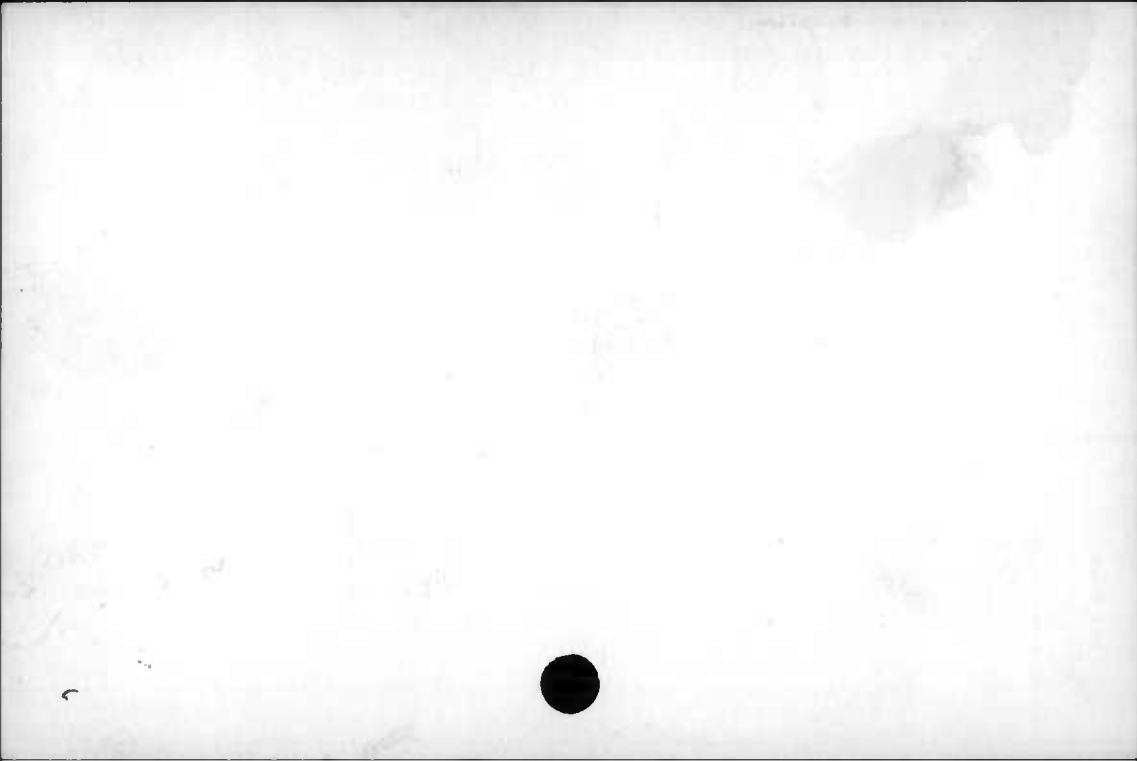
Name in Full <i>John Daniel. Stephy</i>		Town <i>Caretown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Caretown</i>		Month <i>10</i>		Day <i>7</i>		Age <i>81</i>	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>7</i>		Age <i>81</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cheswille, Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Caretown</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Daniel Stephy</i>					
Father's Name <i>Daniel Stephy</i>		Father's Birthplace <i>Cheswille, Md</i>					
Mother's Maiden Name <i>Anna Marie Ridgway</i>		Mother's Birthplace <i>Wash. Md</i>					
Name of person giving information <i>Chas. A. Stephy</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis Pulmonis</i>		How long <i>Nearly 5 months</i>	
Immediate <i>Heart Failure - Exhaustion</i>		How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J L Massie M.D.</i>	
		Address <i>Smithsburg Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Sylvester Summers.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hancock <sup>County</sup> Washington MARYLAND

Date of death 1907 Oct. 3 Age 79 Months 10 Days 24

Sex Male Color or Race White Birth-place Ind.

Occupation Justice of Peace Where Residing if not at place of death Did at Home.

Married, Single or Widowed Widowed Name of Wife or Husband Ruth E. Embrose.

Father's Name Nathaniel Summers. Father's Birthplace —

Mother's Maiden Name Mary Wade. Mother's Birthplace —

Name of person giving information Mrs C. H. Henderson How related to deceased Daughter

Dr. West.

## CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary Epi thymia How long 1 yr.

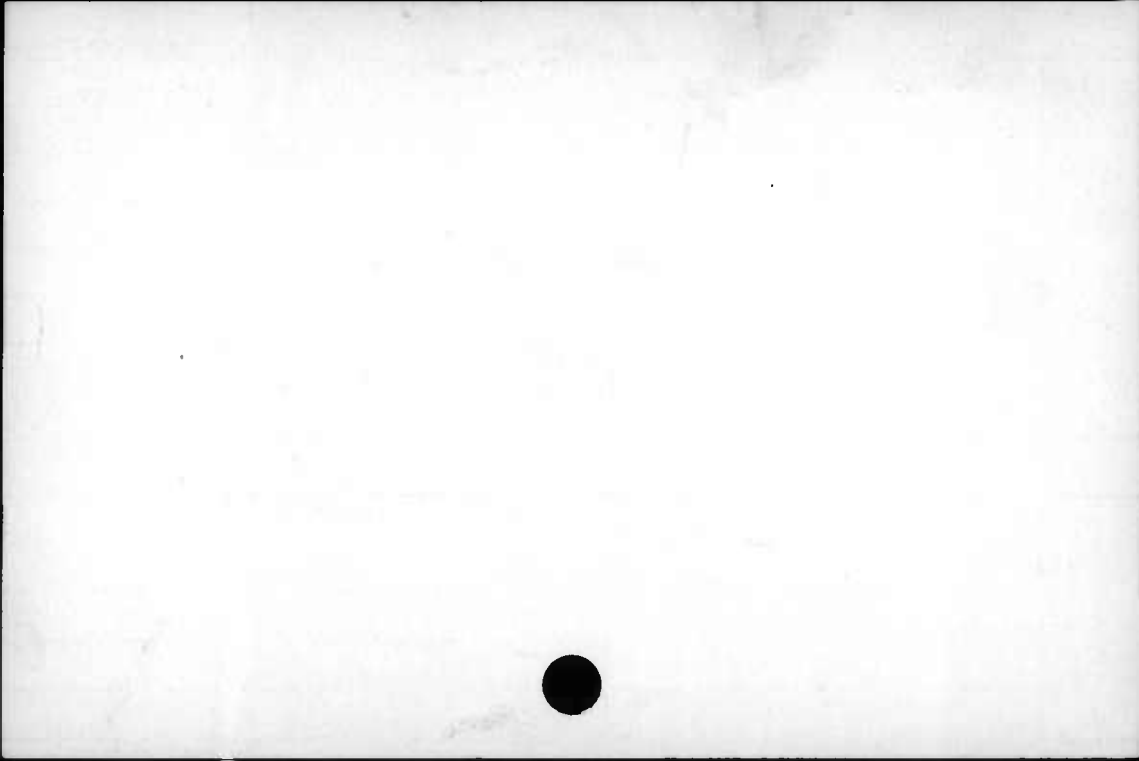
Immediate Exhaustion How long Indefinite

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. A. West

Address Hancock Ind.

Accident or Suicide? No

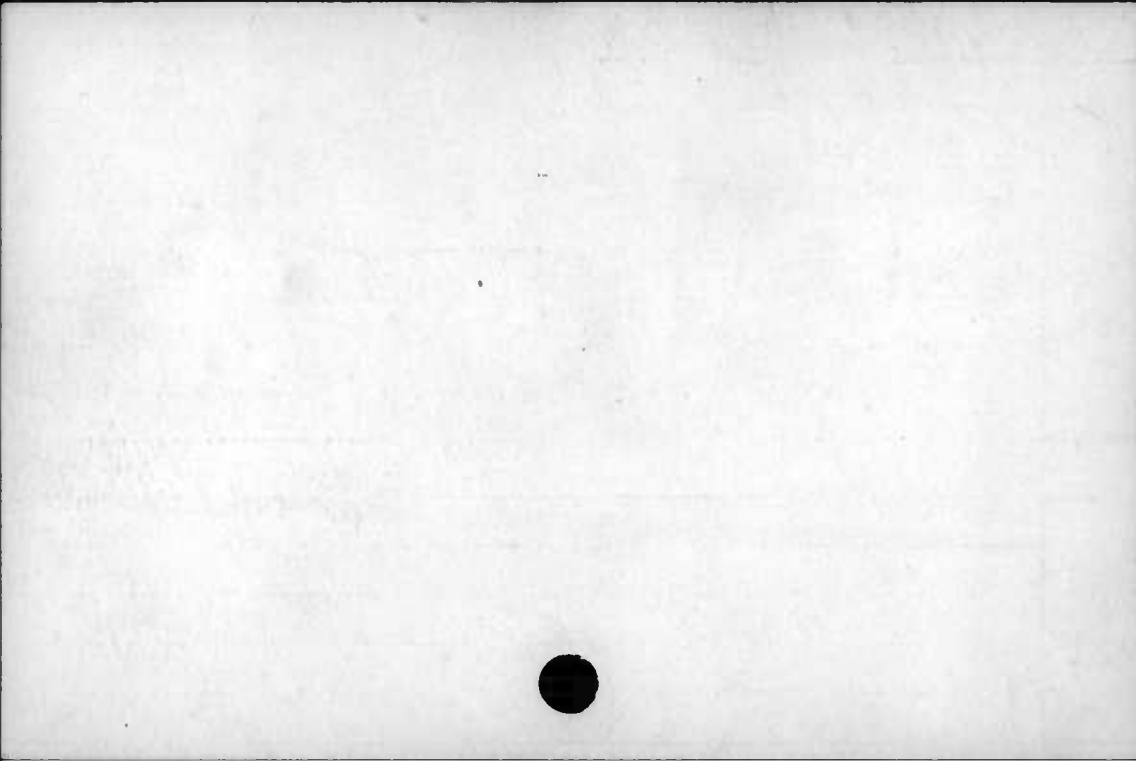




Name in Full		Henrietta Swartz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Wash.		MARYLAND	
	Date of death	1907	Month Oct	Day 1	Age 83	Months 4	Days 10
	Sex	female		Color or Race	white		Birth place
	Occupation	H. W.		Where Residing if not at place of death		Md.	
	Married, Single or Widowed	widow		Name of Husband		William S. Swartz.	
	Father's Name	Not Known				Father's Birthplace	
	Mother's Maiden Name	"				Mother's Birthplace	
Name of person giving information	Peter Breitwieser				How related to deceased		none
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Leucemia				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Several months	
	Signature of Physician	O. W. Pagen				Address	
	Accident or Suicide?	No				Hagerstown Md	

Suter

Name in Full		Certificate of Death			
Jacob Teach		Pinesburg		Washington	
Died at		Town		County	
Date of death		1907 Oct 15		Age 63	
Sex Male		Color or Race white		Birthplace State Line Penna	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary Catherine Teach			
Father's Name Mathew Teach		Father's Birthplace Unknown			
Mother's Maiden Name Susan Myers		Mother's Birthplace Unknown			
Name of person giving information John Teach, his son		How related to deceased Son			
CAUSES OF DEATH					
Primary		Valvular disease of Heart		How long about one year	
Immediate		Same as above		How long one year	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. J. J. Lisher	
				Address Williamsport Md	
Accident or Suicide?					



Name  
in  
Full

Mrs. Susan Unger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

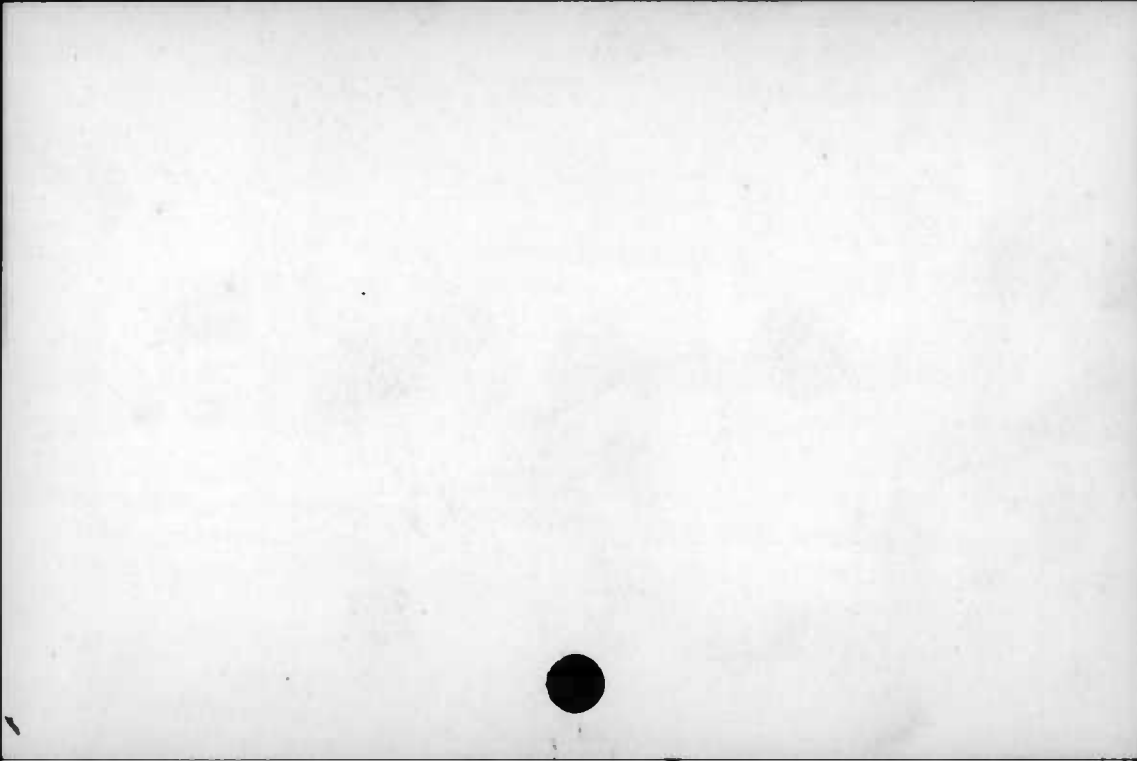
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1907	Month Oct.	Day 19	Age Years	73	Months 3	Days 2
Sex	Female		Color or Race	White		Birth- place	Waynesboro Pa
Occupation				Where Residing if not at place of death		Hagerstown	
Married, Single or Widowed	Widow		Name of Wife or Husband	Henry Unger			
Father's Name	Daul Cruise				Father's Birthplace	Waynesboro Pa	
Mother's Maiden Name	Mary Catherine Desor				Mother's Birthplace	"	
Name of person giving In formation	Delbert L Unger				How related to deceased	Son	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis		How long	2 weeks
Immediate	Exhaustion		How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			A. P. Huxford	
			Address	
			Hagerstown	
Accident or Suicide?		no	Mrg	



Name  
in  
Full

Theodore Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

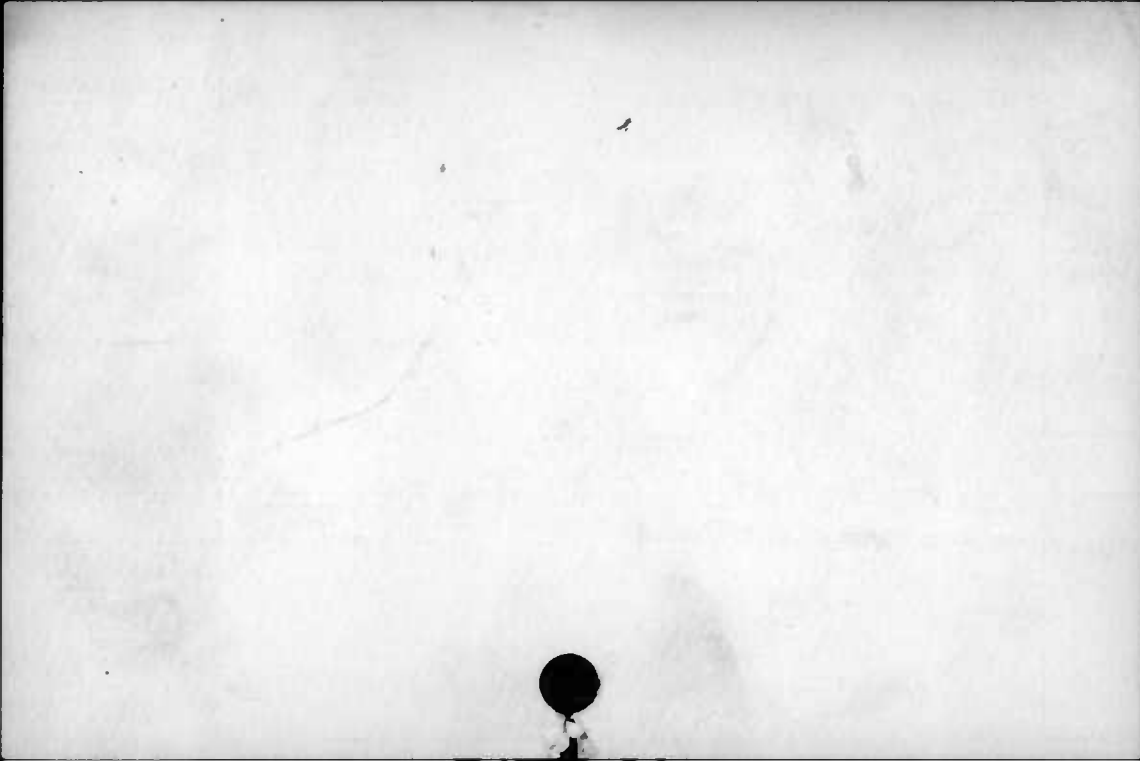
Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	8
Age	30	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	md.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Watts		
Father's Name	Calvin Watts			Father's Birthplace	md.
Mother's Maiden Name	Catharine Sumner			Mother's Birthplace	md.
Name of person giving information	Catharine Watts			How related to deceased	Mother

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>		How long	<i>Six weeks</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			<i>Hagerstown, Md.</i>	
Accident or Suicide?				





Name  
in  
Full

Lester Wolfel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	Oct	Day	21
Age	2	Years		Months	9
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Not Known			Father's Birthplace	
Mother's Maiden Name	Katie Wolfel			Mother's Birthplace Md.	
Name of person giving information	Katie Wolfel			How related to deceased mother	

## CAUSES OF DEATH

Primary	Bronchitis	How long	1 wk
Immediate	Croup	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. R. Laughlin
		Address	Hagerstown
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Hancock.

Name  
in  
Full

Edward B Wolff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Haystack</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>10</u>	Day <u>28</u>	Age <u>36</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>md</u>
Occupation	<u>Painter</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Nupton Wolff</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Catherine Winter</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>Nupton Wolff</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary tuberculosis</u>	How long	<u>2 years.</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 months.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Victor D. Smith</u>	
		Address <u>Washington D.C.</u>	
Accident or Suicide?			

C. W. W. W.  
Rev. Hill

9/30

Name  
in  
Full

Hannah Elisabeth

Yaste

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Lafayette* TownCounty *Washington*

MARYLAND

Date of death *1907* Month *Oct*Day *17*Age *84* YearsMonths *11*Days *25*Sex *Female*Color or Race *White*Birth-place *Pa.*Occupation *Housewife*Where Residing if not at place of death *Frederick Co, Md*Married, Single or Widowed *Widowed*Name of Wife or Husband *Jonathan Yaste*Father's Name *William Stinger*Father's Birthplace *Pa.*Mother's Maiden Name *Elisabeth Martin*Mother's Birthplace *Pa*Name of person giving information *Mrs L. S. Grove*How related to deceased *Daughter*

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONERPrimary *Fracture Cervix Femoris*

How long

Immediate *de Sinecure*How long *4 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *V. M. Reichard*Address *Fairplay.*

Accident or Suicide?

